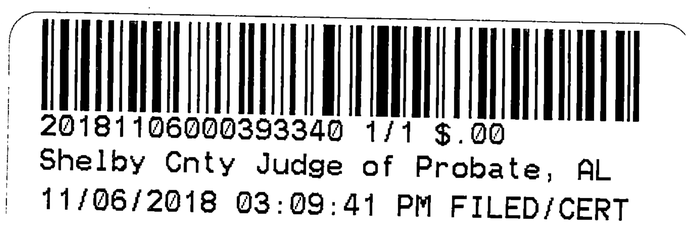
411698022

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:	**Kaci Colburn**
Address:	**Po Box 1474**
	Vernon, AL 35592
Admit Date:	**10/14/2018**
Discharge Date:	**10/14/2018**
Amount Due:	**7,641.18**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

*** Under Alabama code Section 35-11-371 (1975), the filing of this lien constitutes notice to any persons liable for such damages whether or not are named herein.**

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

The foregoing statement was acknowledged and verified before me this 31st, day of Oct, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires March 1, 2020 ALCORN COUNTY

_____
NOTARY PUBLIC

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834