411697198

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:	**Alejandro Garcia**
Address:	**2415 Rock Creek Road**
	Hoover, AL 35226
Admit Date:	**10/11/2018**
Discharge Date:	**10/11/2018**
Amount Due:	**2,971.09**

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 7th, day of Nov, 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: _____ NOTARY PUBLIC

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

20181114000403020 1/1 $.00
Shelby Cnty Judge of Probate, AL
11/14/2018 03:38:47 PM FILED/CERT

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