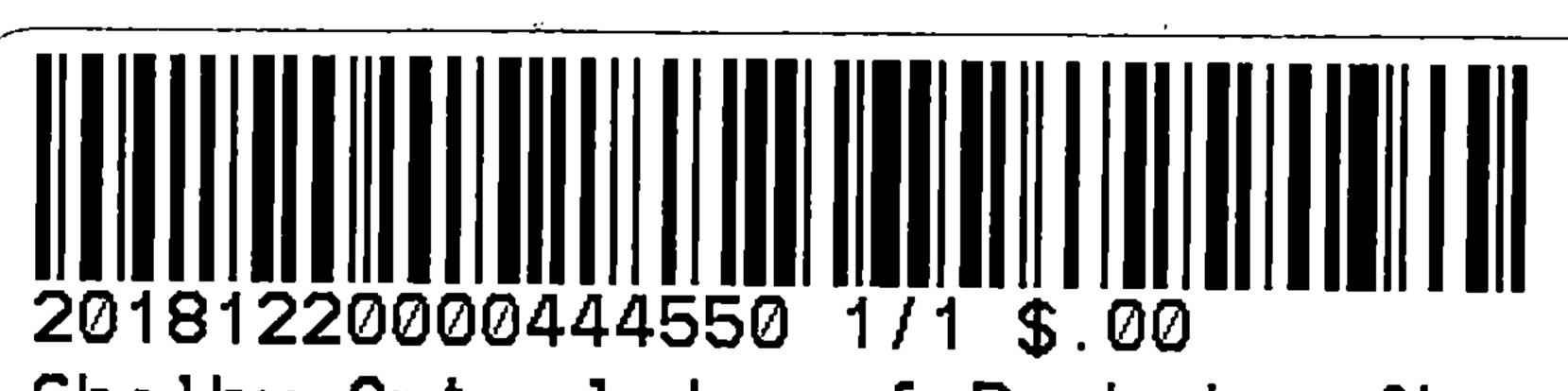
TO:

helby County Probate Office

P.O. Box 825

Columbiana, AL 35051



Shelby Cnty Judge of Probate, AL 12/20/2018 09:13:56 AM FILED/CERT

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 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Gail Wilson

Address:

541 County Road 753

Clanton, AL 35045

Admit Date:

11/22/2018

Discharge Date:

11/26/2018

Amount Due:

119,658.58

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:

Alfa - A-111247
301 1st Street North
Clanton, AL

RV.

Princeton Baptist Medical Center

Agent

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Thursday, December 13, 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:

10#104665

ANY E. LAMBERT

omission Expires March 1, 2020. NOTARY PUBLIC

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