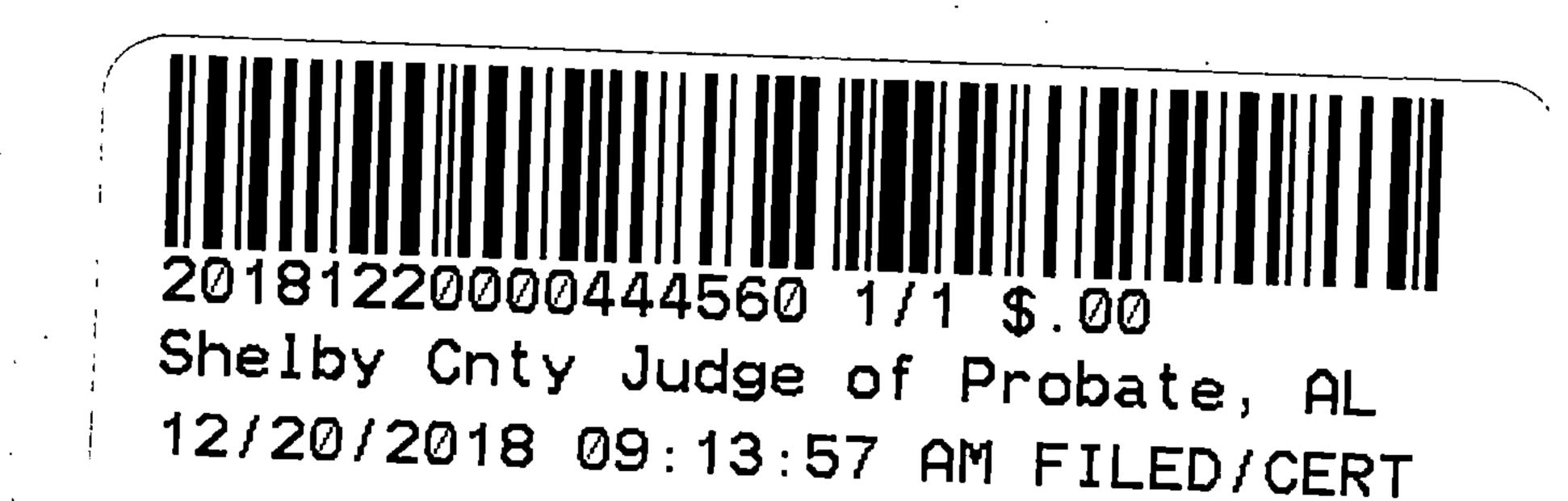
TO:

helby County Probate Office

PO 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 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:

Shanika Walker

Address:

3313 Rime Valley

Birmingham, AL 35216

Admit Date:

11/13/2018

Discharge Date:

11/13/2018

Amount Due:

7,436.00

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:

State Farm - 016561X81
P.O. Box 106171
Atlanta, GA

DX7.

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 EXPIDES

IVE LAMBERT

arch 1, 2020

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 3882