

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

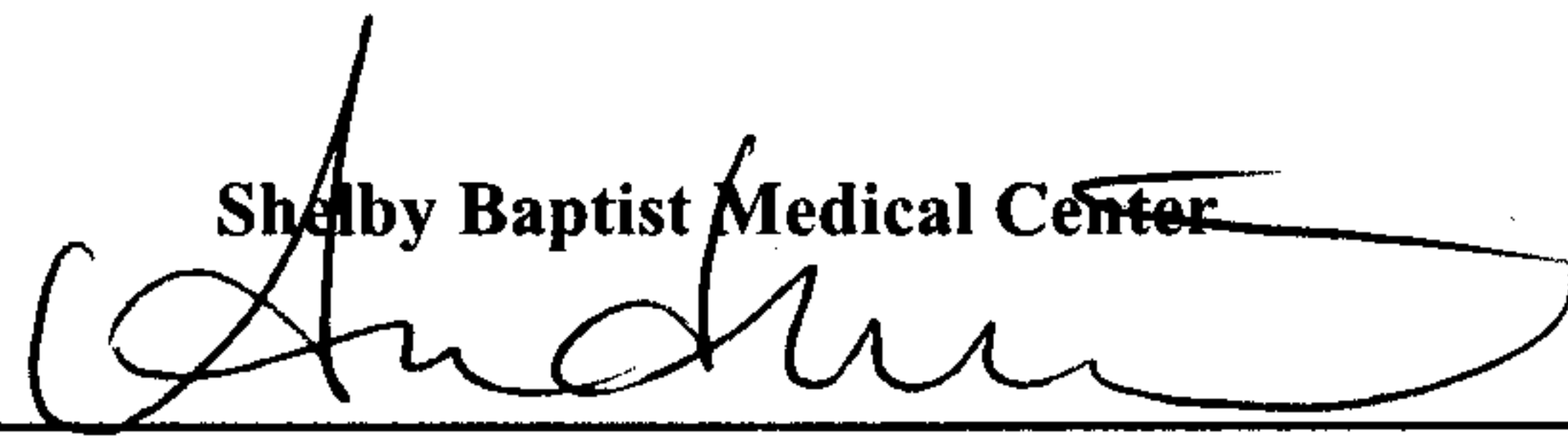
**NOTICE OF HOSPITAL LIEN**

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: **Erick MacEdonio**  
Address: **194 Lucas Lane**  
**Maylene, AL 35114**  
  
Admit Date: **10/14/2018**  
Discharge Date: **10/14/2018**  
Amount Due: **9,705.50**

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:

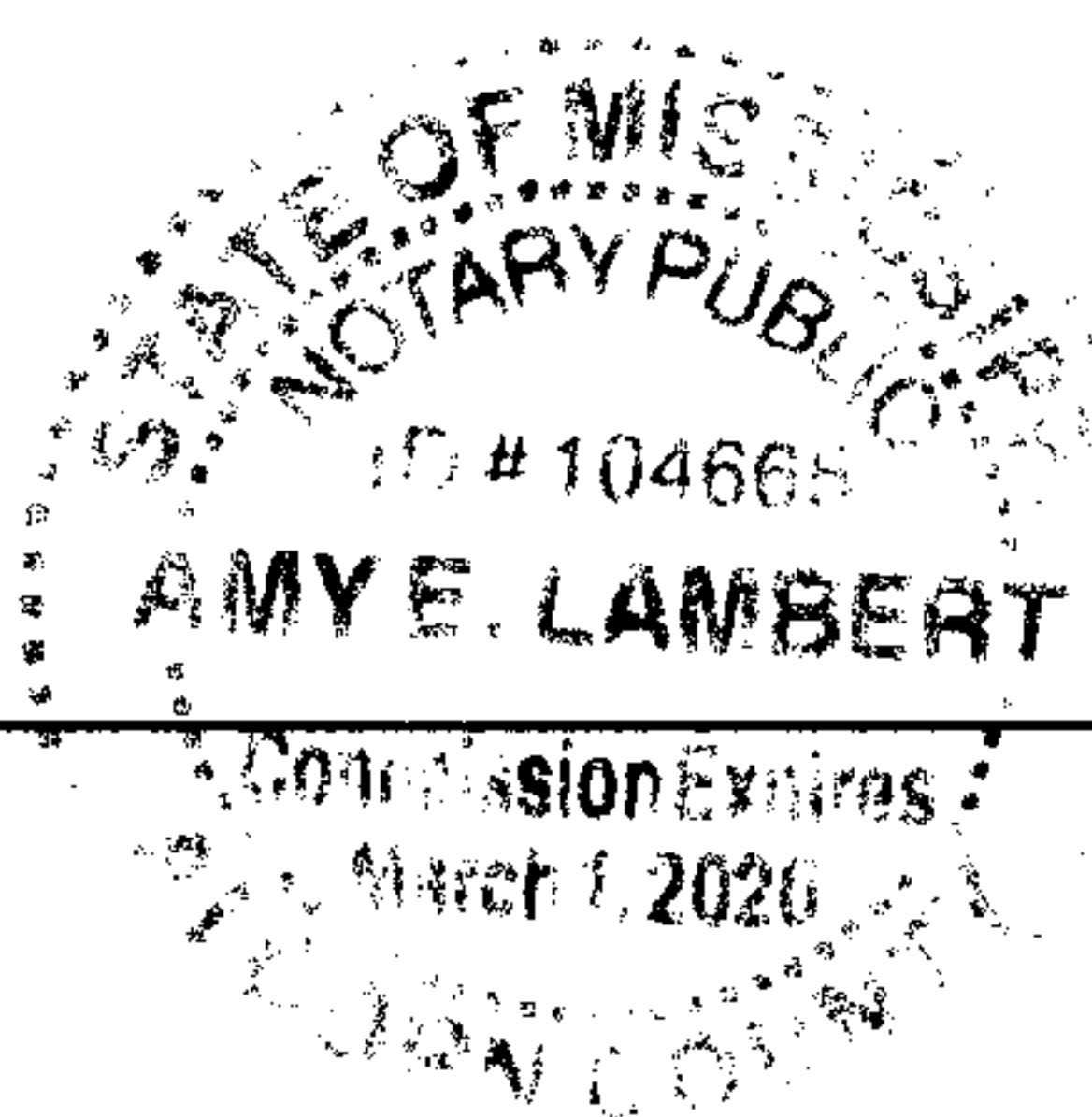
**Allstate Insurance - 0520556796**  
**P.O. Box 385004**  
**Birmingham, AL**

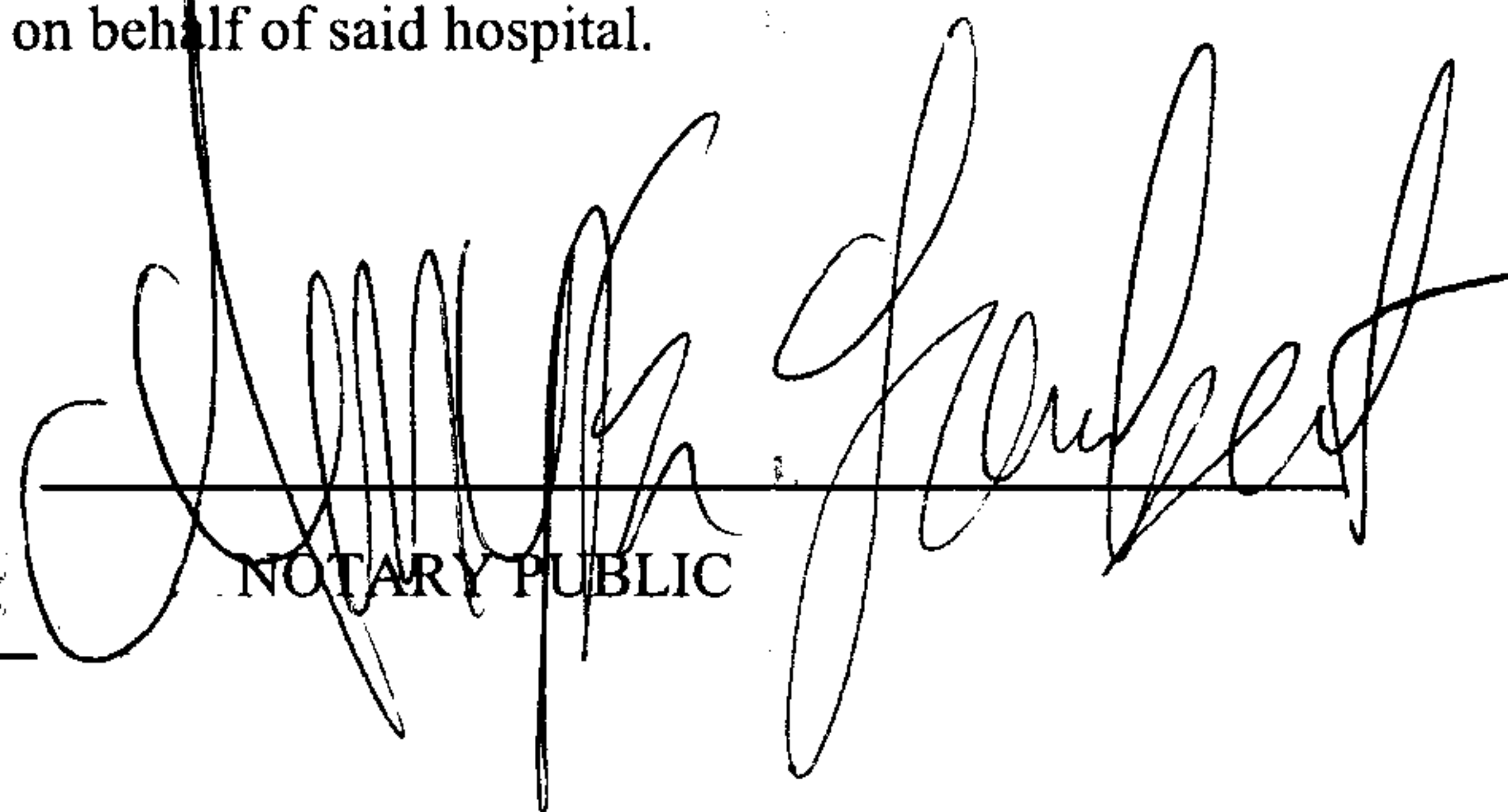
**Shelby Baptist Medical Center**  
BY:   
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, January 8, 2019, 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

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



20190115000016540 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
01/15/2019 03:22:55 PM FILED/CERT