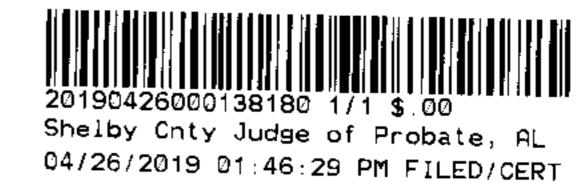
TO: Shelby County Probate Office

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:

Adrien Kemp

Address:

364 Inion Station Way

Calera, AL 35040

Admit Date:

01/10/2019

Discharge Date:

01/10/2019

Amount Due:

3,664.72

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:

day of

The foregoing statement was acknowledged and verified before methis

, 2019, by ATMANACE LANT

the duly authorized agent of the above

named health care provider for and on behalf of said hospital.

**MY COMMISSION EXPIRES:** 

ARY PUBLIC

AMY E. LAMBERT Commission Expires :

ID#104665

March 1, 2020

Prepared by:

Amanda, White

P.O Box 1465 Corinth, MS 38834