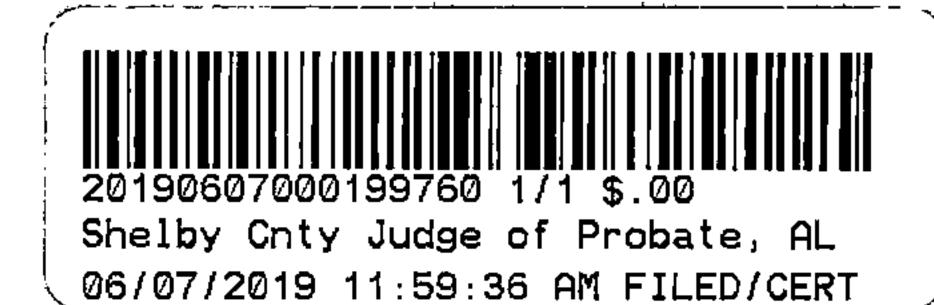
TO:

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:

Flor Leticia Hernandez Mora

Address:

515 Laurel Woods Trail

Helena, AL 35080

Admit Date:

05/11/2019

Discharge Date:

05/11/2019

Amount Due:

3,754.78

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 5th, day of June, 2019, by Amanda White the duly authorized agent of the said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC