

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

20150629000218400 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
06/29/2015 03:26:34 PM FILED/CERT

NOTICE OF AMENDED 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: **Haley Pate**
Address: **240 Mizzell Road**
Columbiana, AL 35051
Admit Date: **1/16/2015**
Discharge Date: **1/16/2015**
Amount Due: **\$6,017.00**

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 Insurance - 015R42785

P.O. Box 106145

Atlanta, GA 30348

Auto Owners - 28-153-2015

3000 Riverchase Galleria Suite 310

Birmingham, AL 35244

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

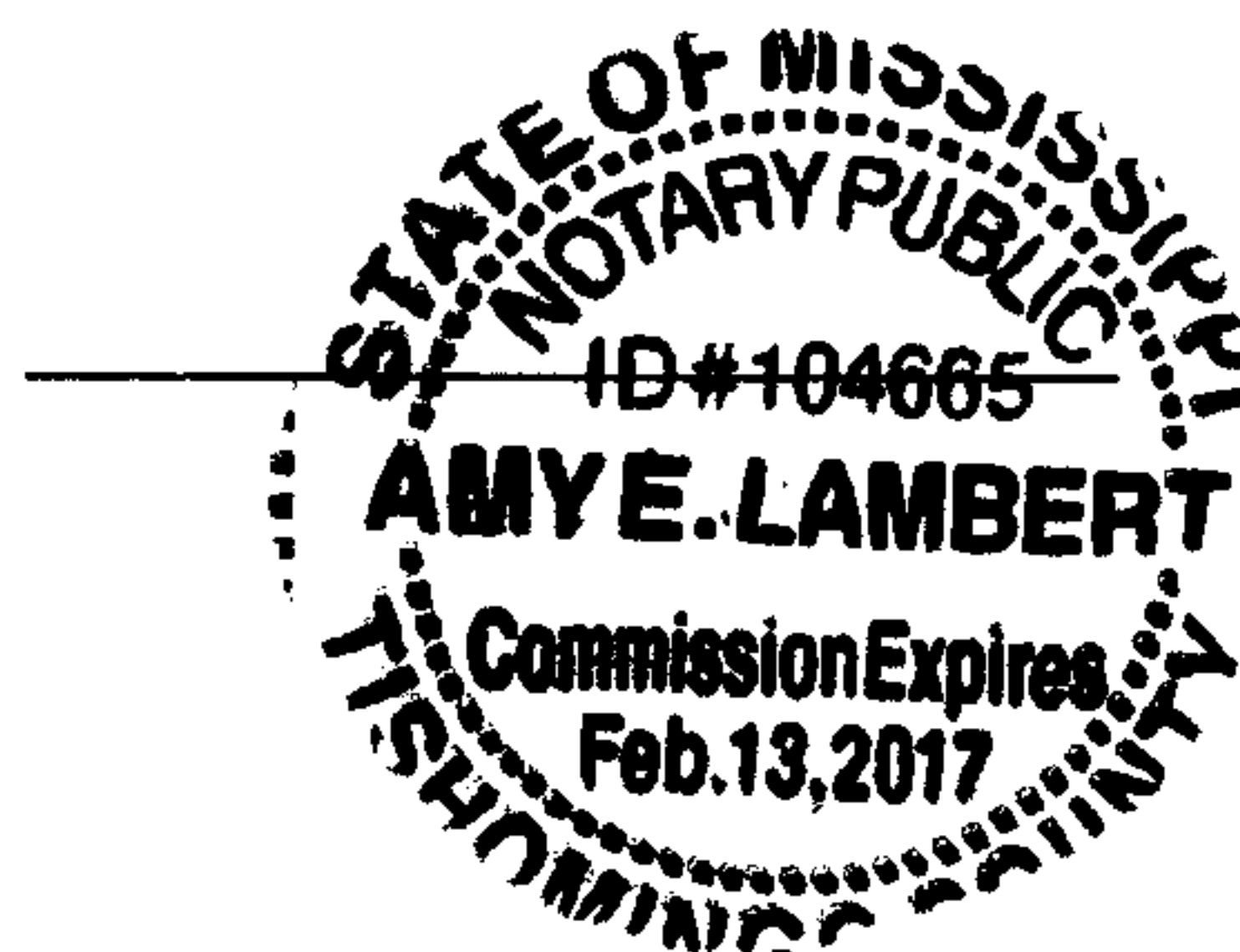
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Jun 23, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834