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20150714000238570 1/1 $14.00
Shelby Cnty Judge of Probate, AL
07/14/2015 11:07:24 AM FILED/CERT

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

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:	**Selah Stough**
Address:	**317 Savannah Club Drive**
	Calera, AL 35040
Admit Date:	**3/4/2015**
Discharge Date:	**3/31/2015**
Amount Due:	**$2,338.10**

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:

Nationwide - 294034-GB
PO Box 147028
Gainesville, FL 32614

State Farm Insurance - 016J94336
P.O. Box 106145
Atlanta, GA 30368

Shelby Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jul 7, 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: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID#104665 AMY E. LAMBERT CommissionExpires Feb.13,2017 TIPPAH COUNTY

NOTARY PUBLIC

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