


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


20160309000075450 1/1 \$.00
Shelby Cnty Judge of Probate, AL
03/09/2016 10:35:08 AM 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: **Tony Snow**
Address: **29433 Highway 25 South**
Wilsonville, AL 35186

Admit Date: **1/6/2016**
Discharge Date: **1/6/2016**
Amount Due: **\$1,160.00**

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 - 01-793Z-236
P.O. Box 106145
Atlanta, GA 30348

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

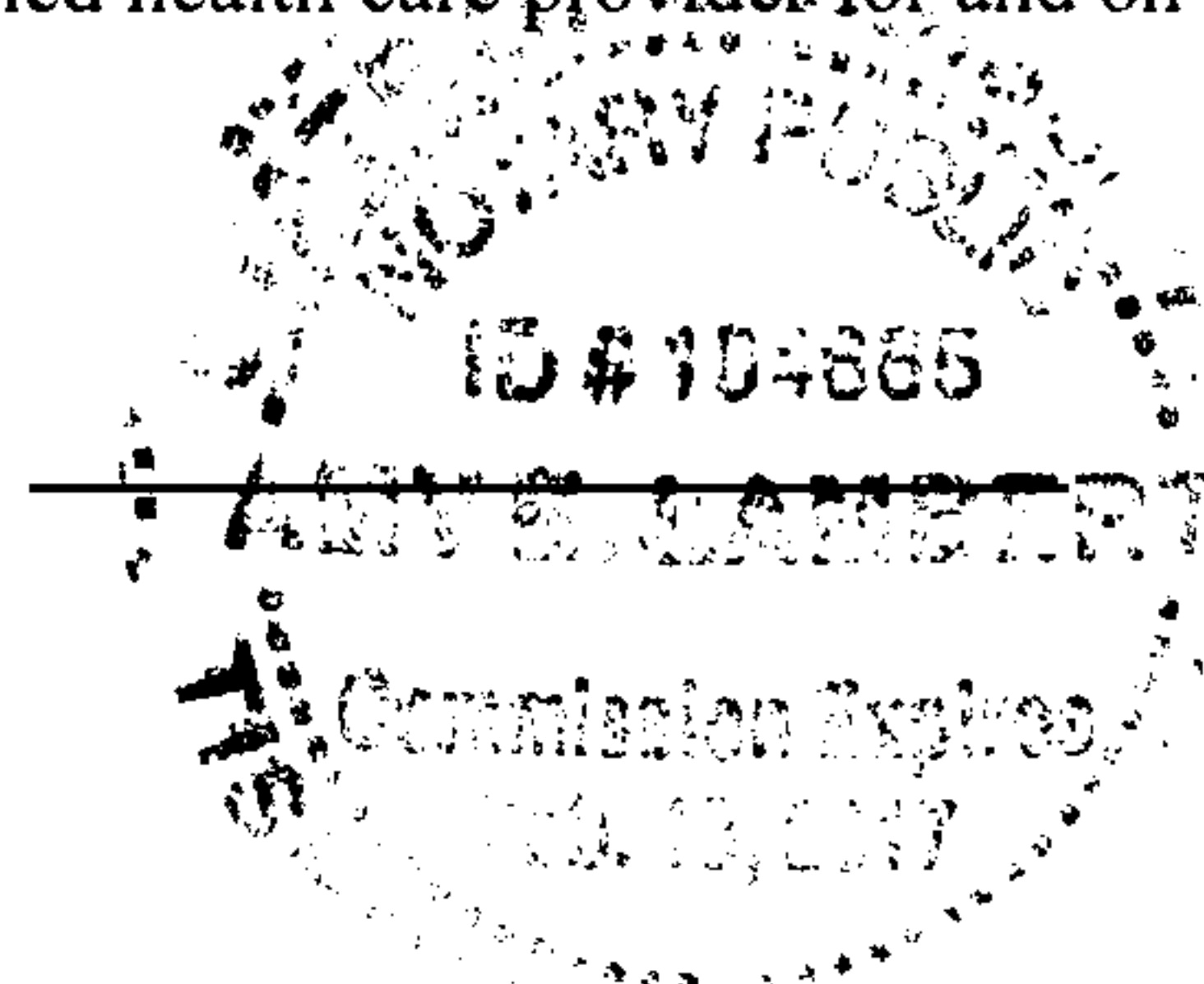
Shelby Baptist Medical Center

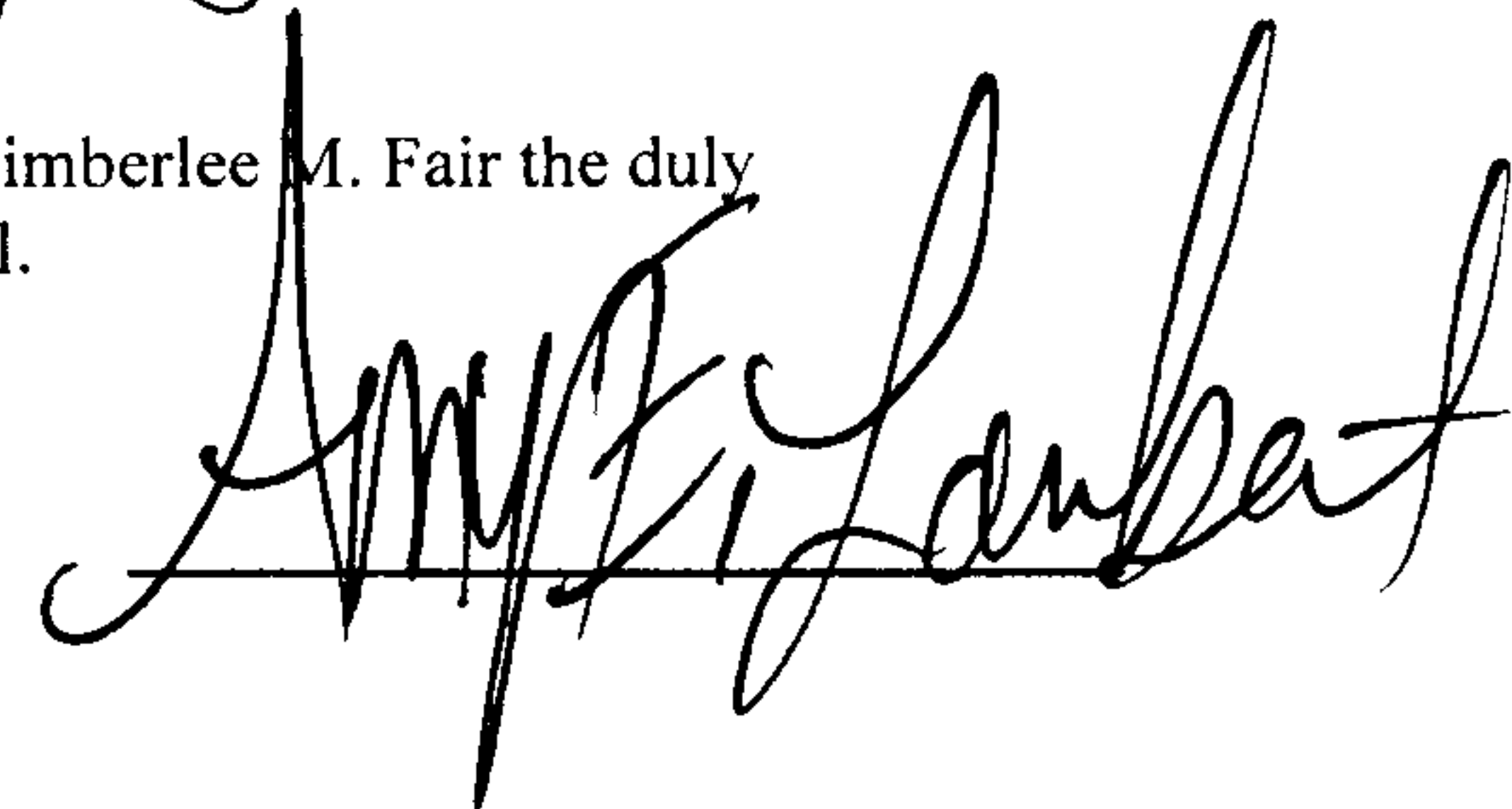
Agent

The foregoing statement was acknowledged and verified before me this Mar 3, 2016, 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