

**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: **Robin Wallace**  
Address: **100 White Circle Lot 46**  
**Shelby, AL 35143**  
Admit Date: **5/10/2016**  
Discharge Date: **5/10/2016**  
Amount Due: **\$7,801.16**



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Shelby Cnty Judge of Probate, AL  
07/18/2016 01:24:57 PM FILED/CERT

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:

**ALFA Insurance - N0259335**  
**P.O. Box 516**  
**Asheville, AL 35953**

BY:

**Shelby Baptist Medical Center**

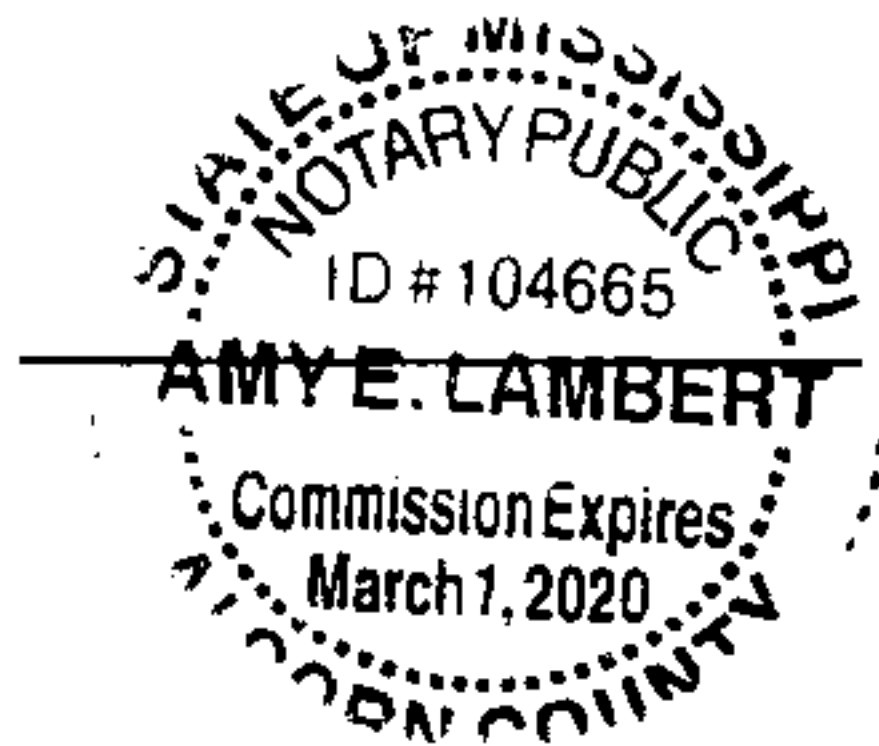
STATE OF MISSISSIPPI

COUNTY OF ALCORN

Agent

The foregoing statement was acknowledged and verified before me this Jul 13, 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