

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:

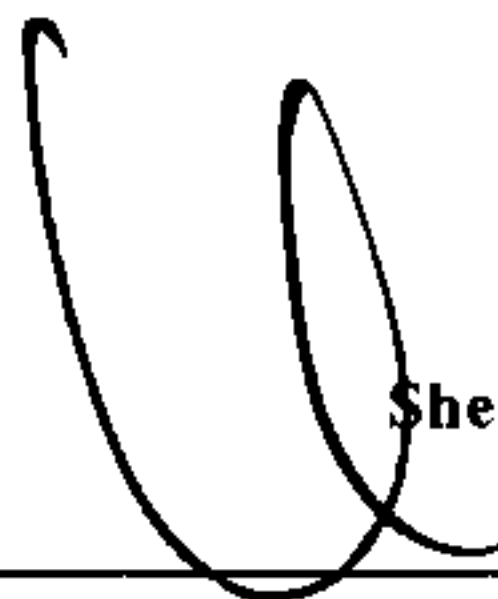
Patient's Name: **Jason Kane**
Address: **207 7th Street NW**
Alabaster, AL 35007
Admit Date: **10/19/2016**
Discharge Date: **10/19/2016**
Amount Due: **\$185.10**


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Shelby Cnty Judge of Probate, AL
03/03/2017 01:51:34 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:

USAA Insurance - 5191878
P.O. Box 26001
Daphne, AL 36526

BY:


Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI

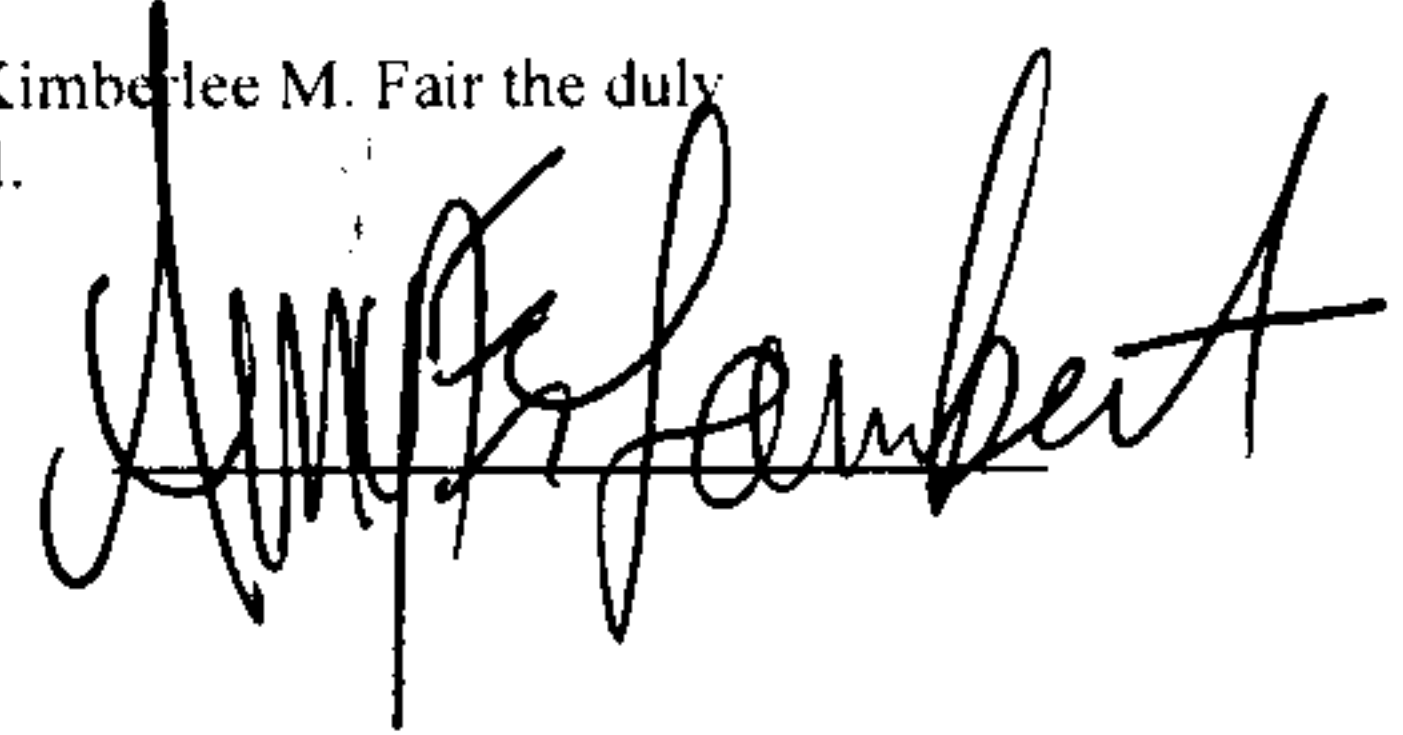
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Feb 28, 2017, 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



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