411583946

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:	**Michael Mitchell**
Address:	**113 Castle Creek Drive**
	Sterrett, AL 35147
Admit Date:	**12/16/2017**
Discharge Date:	**12/16/2017**
Amount Due:	**4,800.77**

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:

Allstate Insurance - 0485446827
P.O. Box 2874
Clinton, IA 52733

State Farm - 012396N91
P.O. Box 106171
Atlanta, GA 30348

BY: **Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jan 18, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

STATE OF MISSISSIPPI NOTARY PUBLIC ID #104665 AMY E. LAMBERT Commission Expires March 7, 2020 ALCORN COUNTY

20180124000023730 1/1 $.00
Shelby Cnty Judge of Probate, AL
01/24/2018 11:04:37 AM FILED/CERT

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834