


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


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Shelby Cnty Judge of Probate, AL
02/01/2019 11:23:49 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: **Quentana McGinnis**
Address: **133 Shelby Farms Drive**
Alabaster, AL 35007

Admit Date: **12/11/2018**
Discharge Date: **12/11/2018**
Amount Due: **1,611.00**

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:

Esurance - WIS01030147
P.O. Box 2869
Clinton, IA 52733

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

Shelby Baptist Medical Center

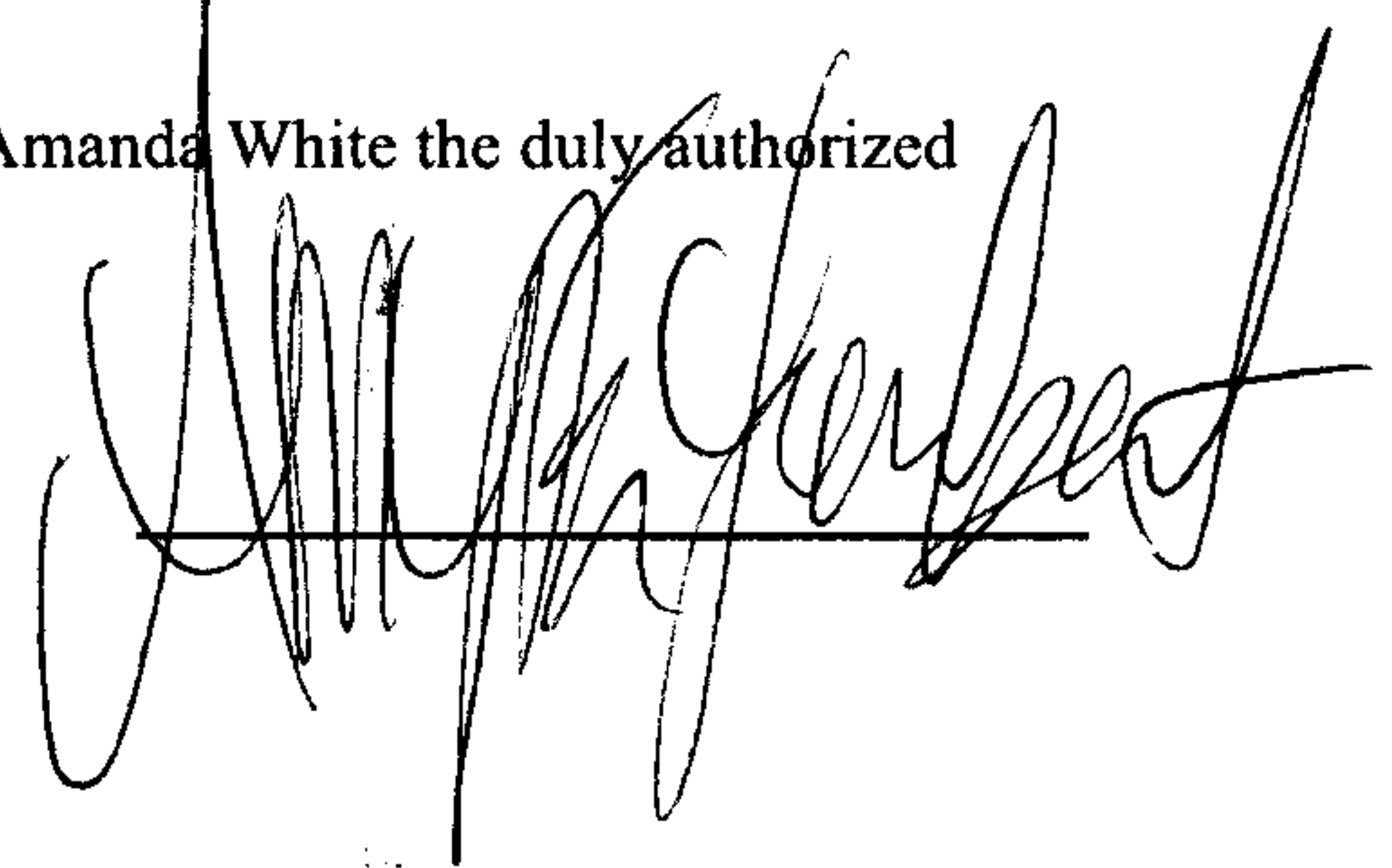
Agent

The foregoing statement was acknowledged and verified before me this Jan 25, 2019, by Amanda White 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:
Amanda White
P.O. Box 1465
Corinth, MS 38834