

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: Angela Caldwell
Address: 101 Eagle Lane
Columbiana, AL 35051
Admit Date: 05/31/2019
Discharge Date: 05/31/2019
Amount Due: 1,090.00

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:

Nationwide Insurance - 040320-GJ

P.O. Box 26005

Daphne, AL 36526

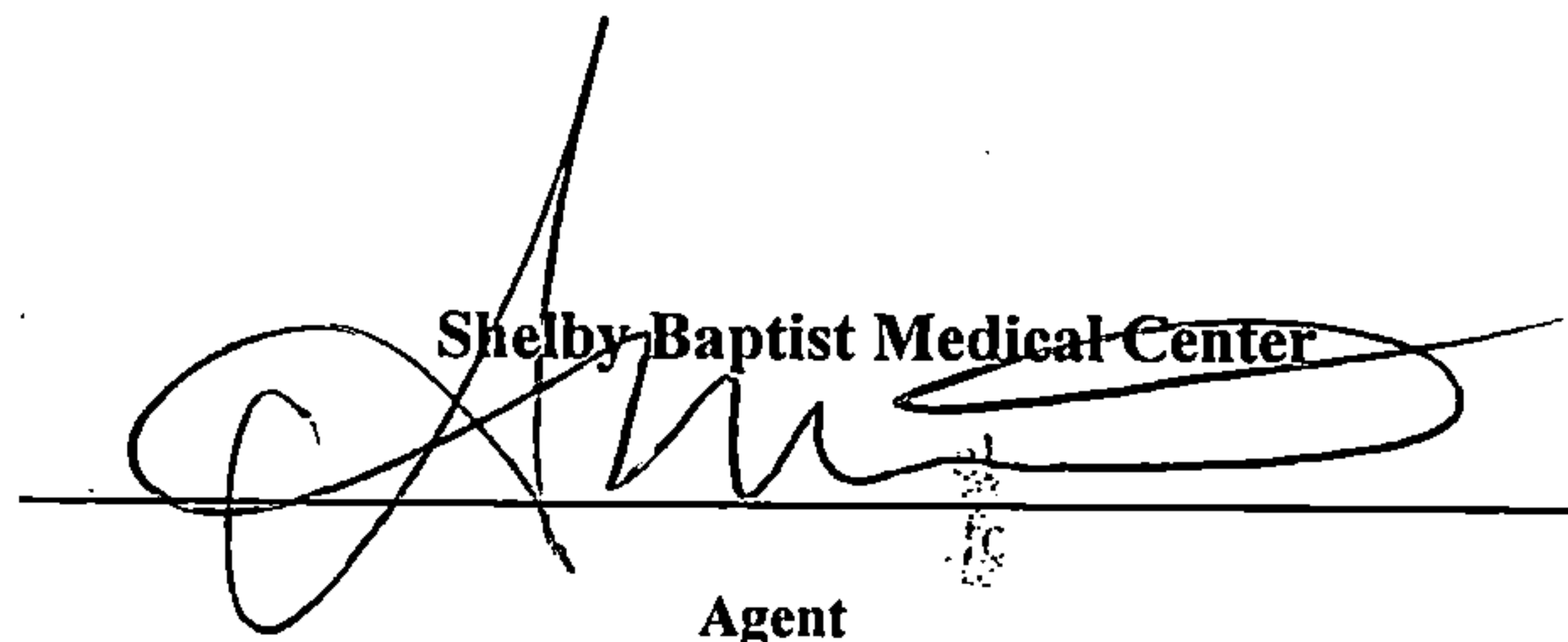
Horace Mann Insurance - AU02145753

P.O. Box 26006

Daphne, AL 36526-5006

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

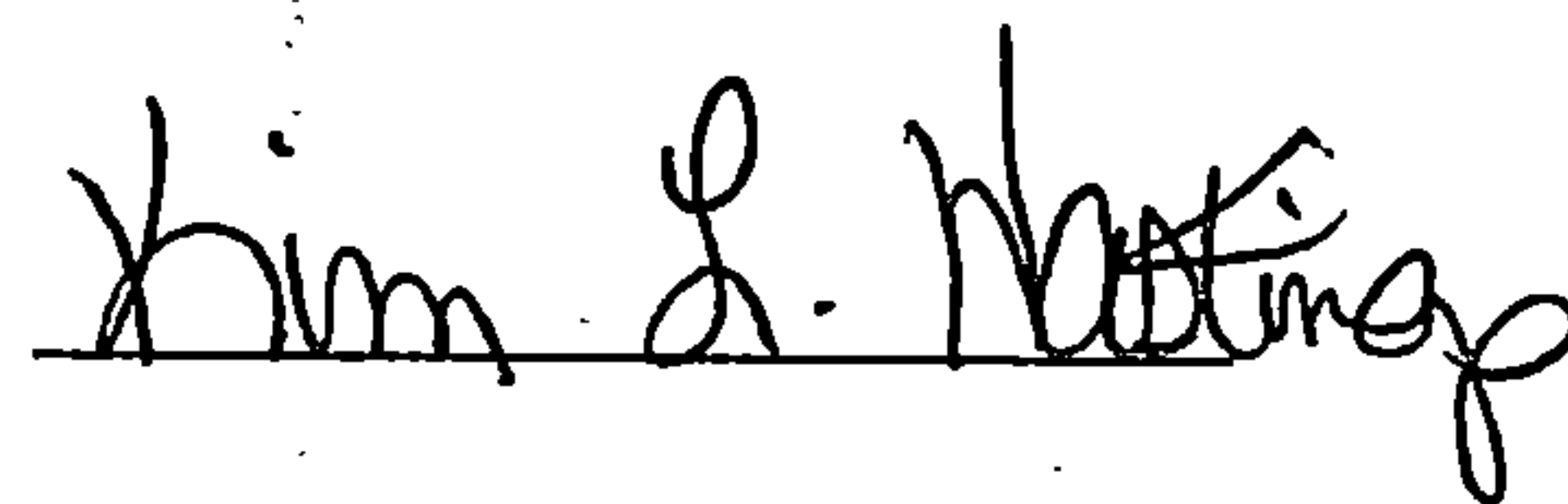

Shelby Baptist Medical Center
Agent

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





20190701000235420 1/1 \$.00
Shelby Cnty Judge of Probate, AL
07/01/2019 03:11:18 PM FILED/CERT