

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:	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 - WIS0130147

PO Box 14719

Madison, WI 53708

STATE OF MISSISSIPPI

COUNTY OF ALCORN

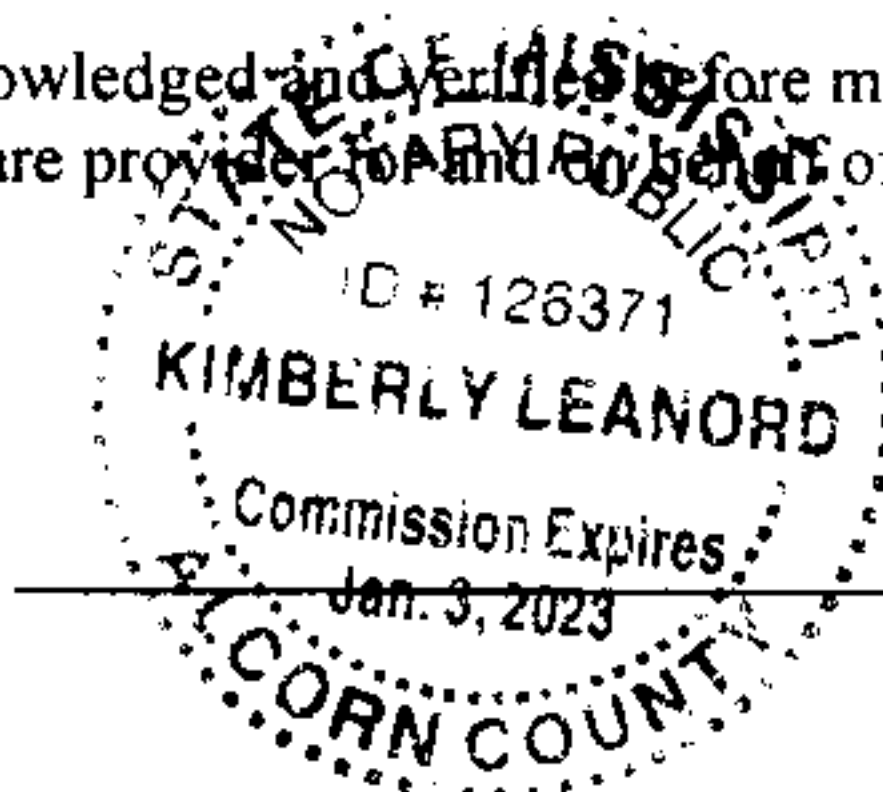
BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this July 2, 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

Kimberly Leanord

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Shelby Cnty Judge of Probate, AL
07/09/2019 10:19:56 AM FILED/CERT