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 Shelby Cnty Judge of Probate, AL
 10/17/2019 11:58:05 AM FILED/CERT

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

NOTICE OF AMENDED HOSPITAL LIEN

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Marie Baker.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

Name of Patient: **Marie Baker**
 Address of Patient: **145 Jones Road
 Montevallo, AL 35115**
 Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
 Address of Hospital/Operator Thereof: **1000 1st Street North
 Alabaster, AL 35007**
 Date of Admission: **12/17/2018**
 Date of Discharge: **12/18/2018**
 Amount Due: **304.38**

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:

ALFA Insurance - A-117803

4524 Southlake Parkway, Suite 6

Hoover, AL 35244

National General Insurance - 3857463

P.O. Box 1623


Winston Salem, NC 27102

This lien shall be enforced upon all claims accruing to Marie Baker and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

Jim Pino
Jim Pino & Associates
363 Canyon Park Dr
Pelham, AL 35124

Prepared by:
Jeremy Alan Blaylock, Esq.
514 East Waldron St.
Corinth, MS 38834

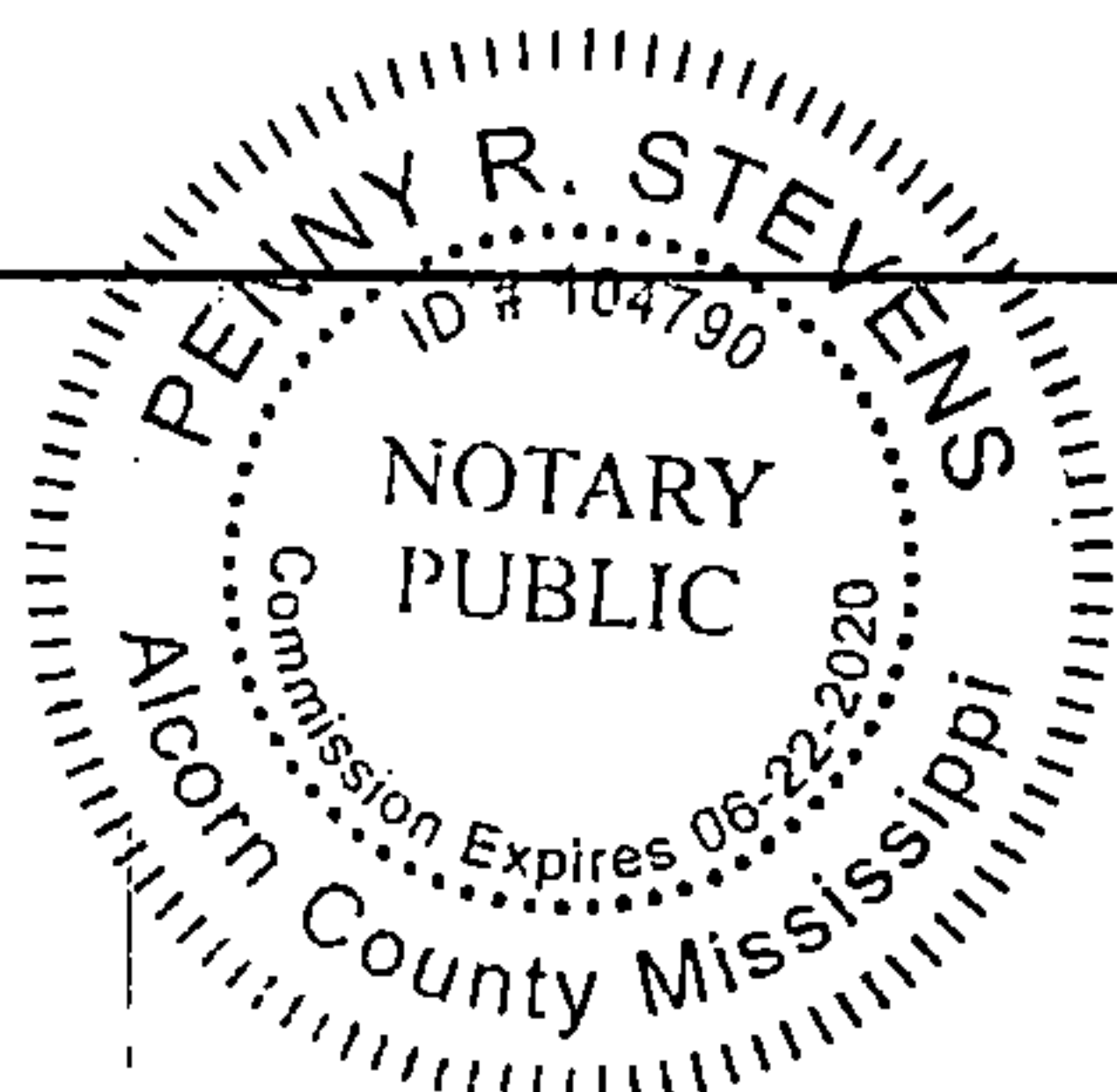
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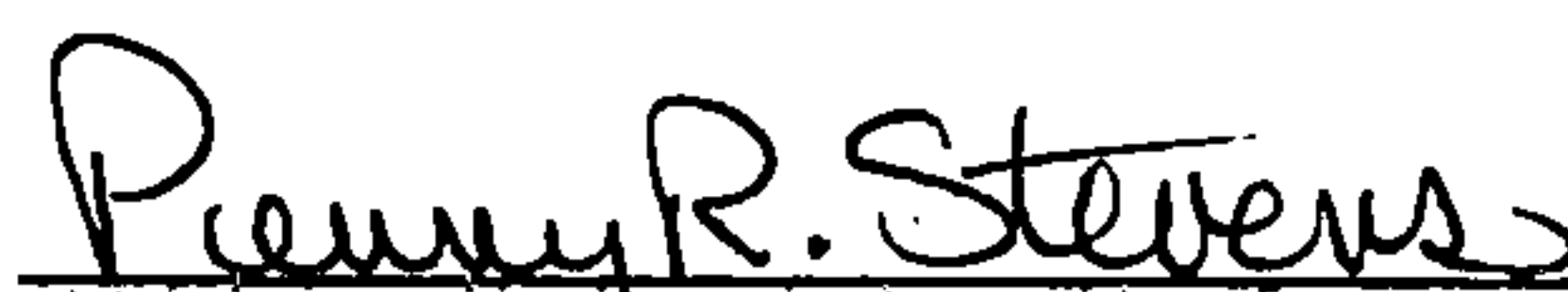

 Jeremy Alan Blaylock, Esq. (BLA104)
 Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
 County of Alcorn

The foregoing statement was acknowledged and verified before me this Monday, October 14, 2019, by Jeremy Alan Blaylock, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:




 NOTARY PUBLIC