

**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 Josefa Hernandez.

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

Name of Patient:	<b>Josefa Hernandez</b>
Address of Patient:	<b>221 Dolphin Circle Alabaster, AL 35007</b>
-- Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>07/31/2019</b>
Date of Discharge:	<b>07/31/2019</b>
Amount Due:	<b>10,303.58</b>

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:

**Cook Claims Services - CCSC0815192020ALCG P. O. Box 4022**

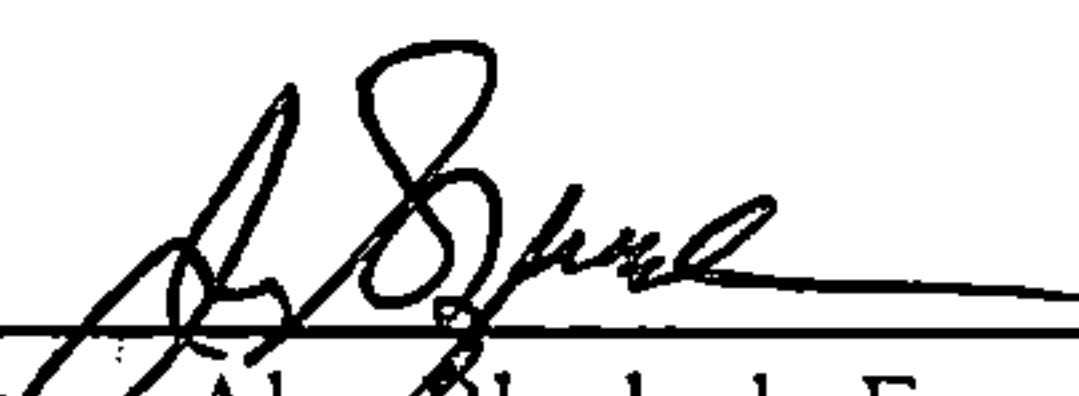
**Chattanooga, TN 37405**

This lien shall be enforced upon all claims accruing to Josefa Hernandez 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:

**Alexander Shunnarah  
Alexander Shunnarah Personal Injury Attorneys  
2900 1st Ave S  
Birmingham, AL 35233**

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

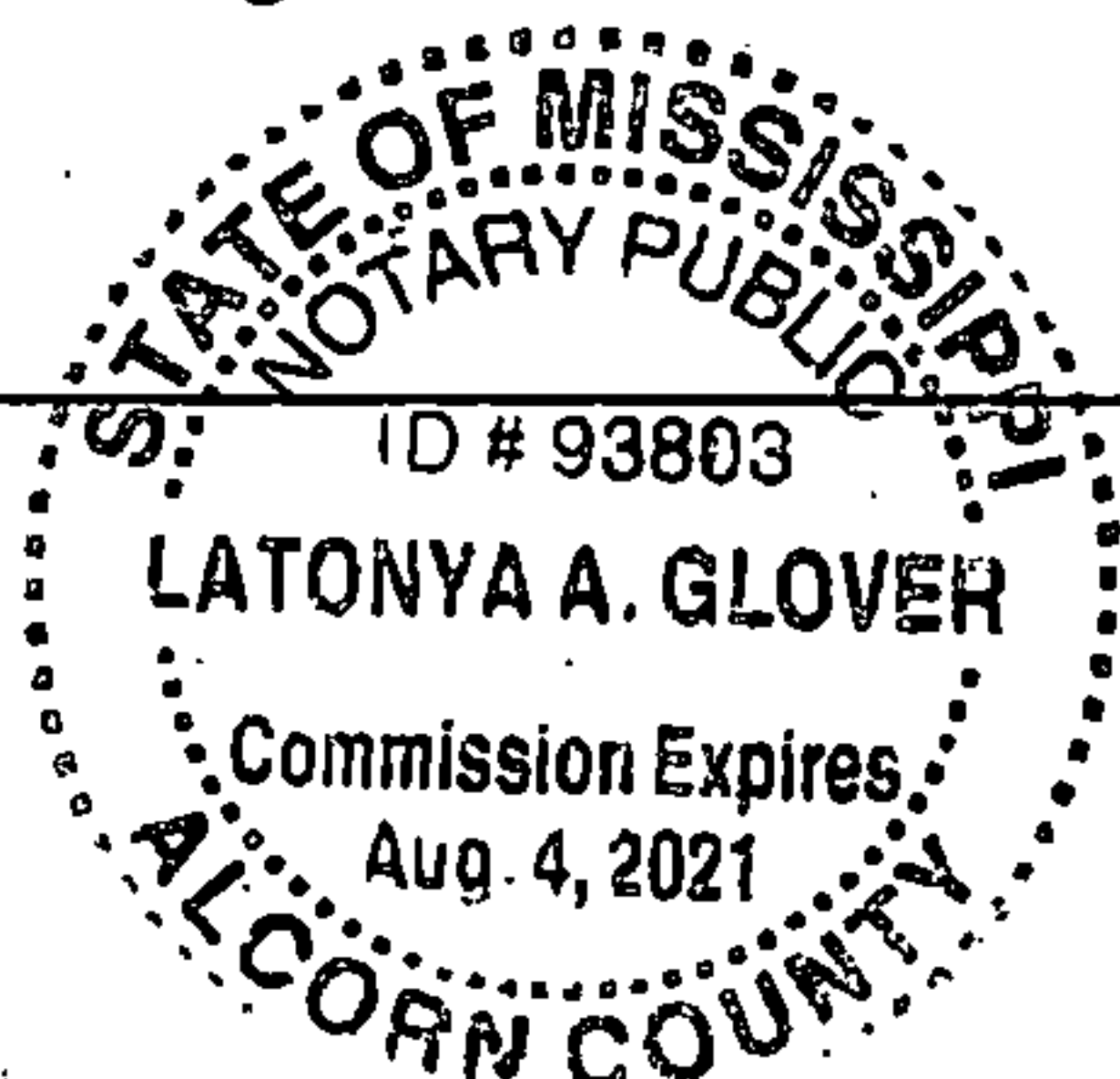
**By:**

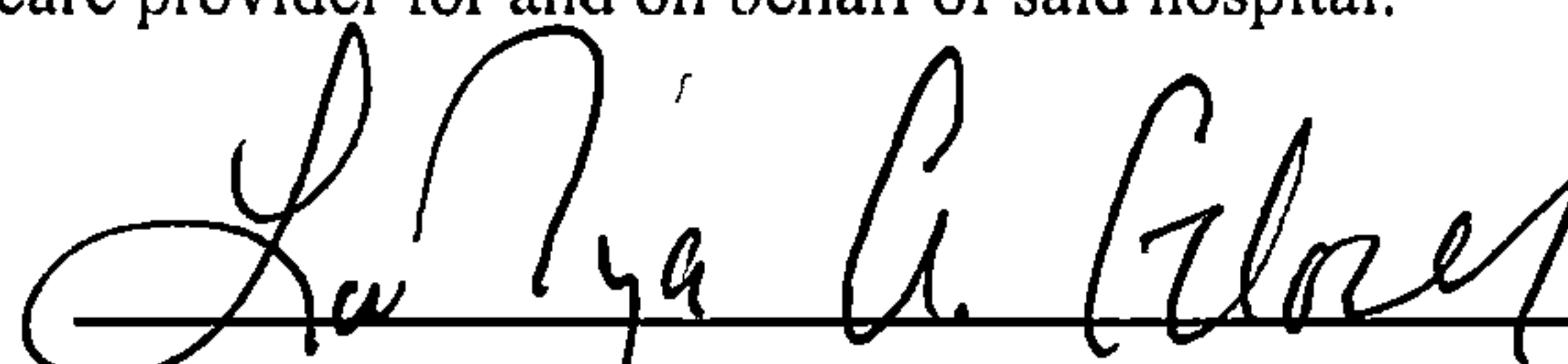
  
\_\_\_\_\_  
Jeremy Alan Blaylock, Esq. (BLA104)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi  
County of Alcorn

The foregoing statement was acknowledged and verified before me this Thursday, November 21, 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