


**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 Health Care Authority of the 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: **Joseph Armstrong**  
Address: **1265 Bennett Drive**  
**Alabaster, AL 35007**  
  
Admit Date: **9/19/2014**  
Discharge Date: **9/19/2014**  
Amount Due: **\$2,347.00**

  
20150102000002380 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
01/02/2015 02:49:16 PM FILED/CERT

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:

**Allstate Insurance - 0341691822**  
**P. O. Box 385004**  
**Birmingham, AL 35238**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY: \_\_\_\_\_

**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 29th day of Dec, 2014, by Vincent the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

