


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


20150121000021110 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/21/2015 08:45:56 AM FILED/CERT

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: **Eustorgio Fuentesdominguez**
Address: **5886 Highway 10**
Montevallo, AL 35115
Admit Date: **12/14/2014**
Discharge Date: **12/14/2014**
Amount Due: **\$9,975.70**

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:

Alfa Insurance - H04-5013

Claims Department P O Box 126

Demopolis, AL 36732

Infinity Insurance - 20002359951

Claims Department 3760 River Run Drive

Birmingham, AL 35243

Shelby Baptist Medical Center

BY:

STATE OF MISSISSIPPI

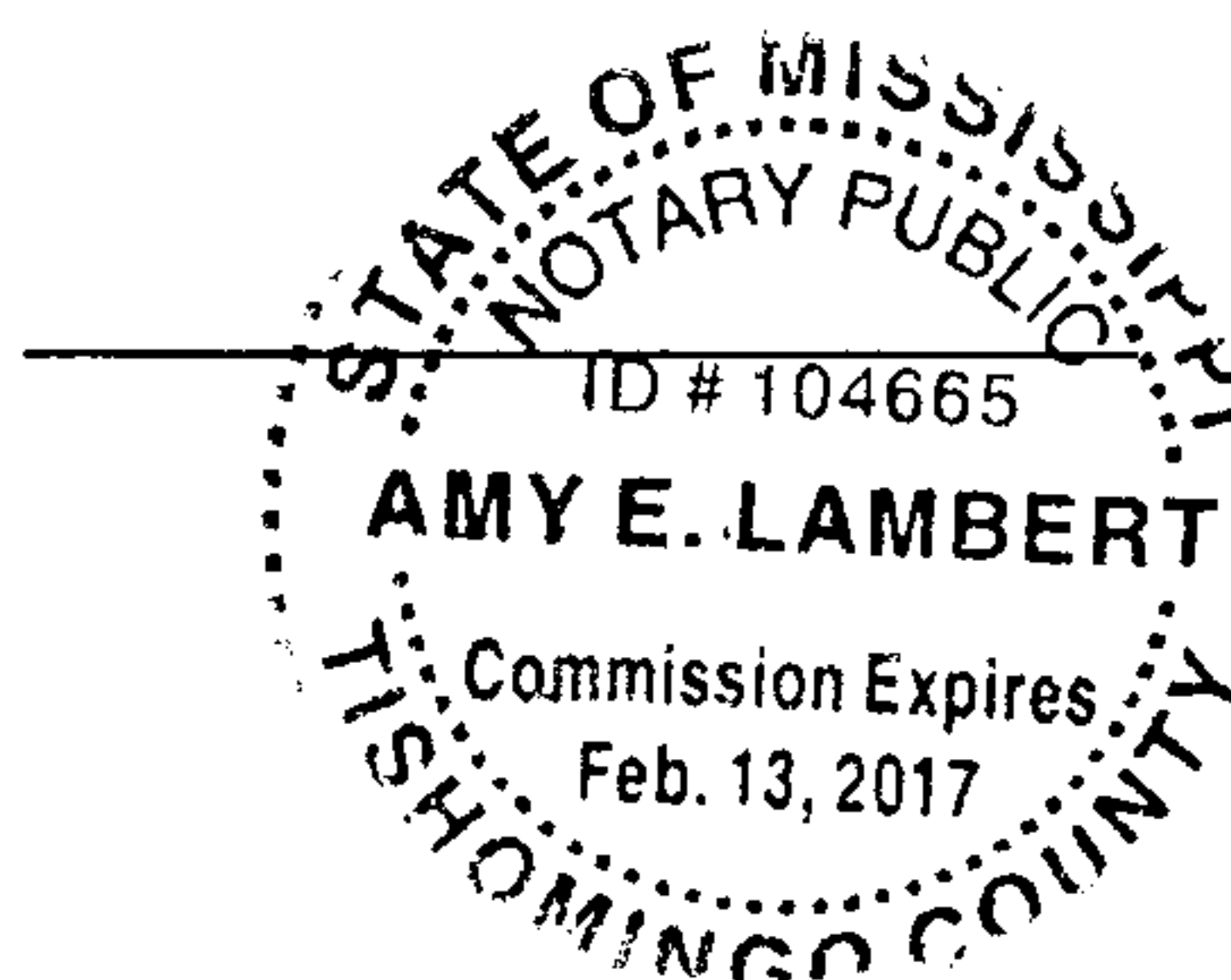
COUNTY OF ALCORN

[Signature]
Agent

The foregoing statement was acknowledged and verified before me this 15th day of Jan, 2015, by Kimberlee M. Fair 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



Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834