

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: **Alexandria Wilson**
Address: **30 Mountain View Apt**
Columbiana, AL 35051
Admit Date: **11/13/2014**
Discharge Date: **11/13/2014**
Amount Due: **\$777.00**


20150122000023780 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/22/2015 10:50:37 AM 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:

Travelers - HVJ6178
CS 1816
Alpharetta, GA 30023

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

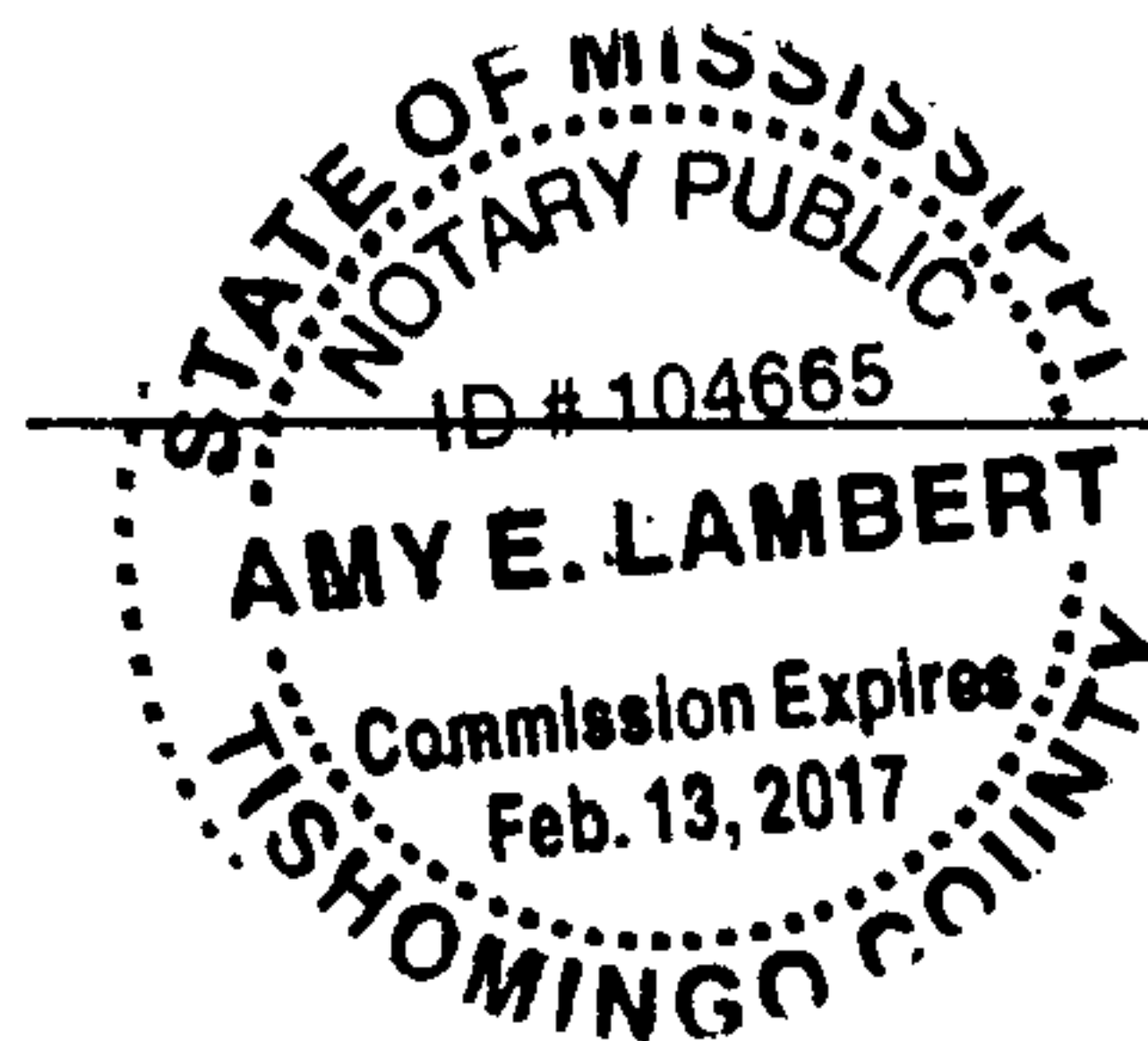
Shelby Baptist Medical Center

[Signature]
Agent

The foregoing statement was acknowledged and verified before me this 16th day of Jan, 2015, by Kim 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



[Signature]

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