

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:	Isidoro Guerrero
Address:	77 Starboard Drive
	Shelby, AL 35143
Admit Date:	9/19/2014
Discharge Date:	9/19/2014
Amount Due:	\$2,008.40

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 - X0400004123
2692 E. Pelham Pkwy.
Pelham, AL 35124

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

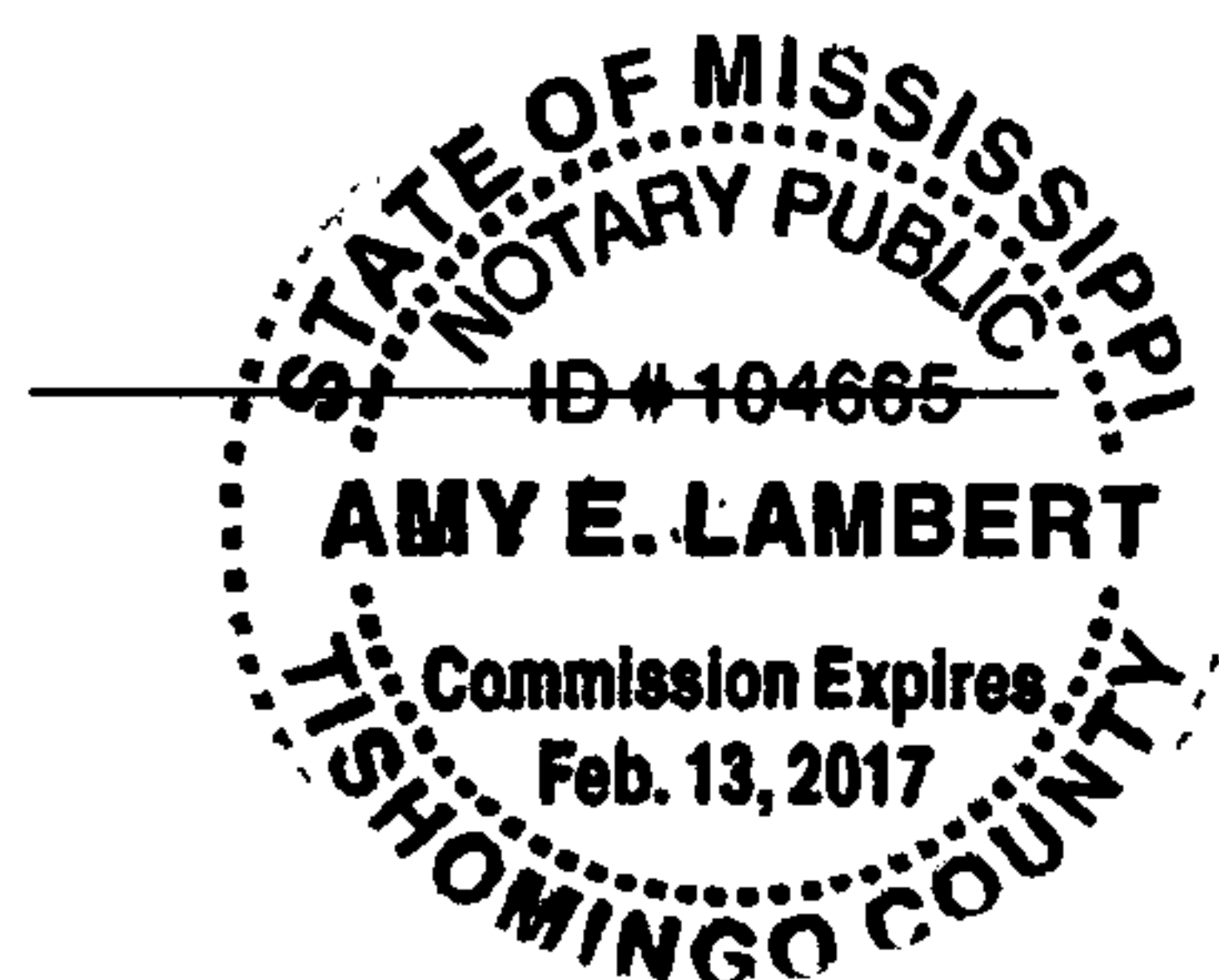
Shelby Baptist Medical Center

Agent

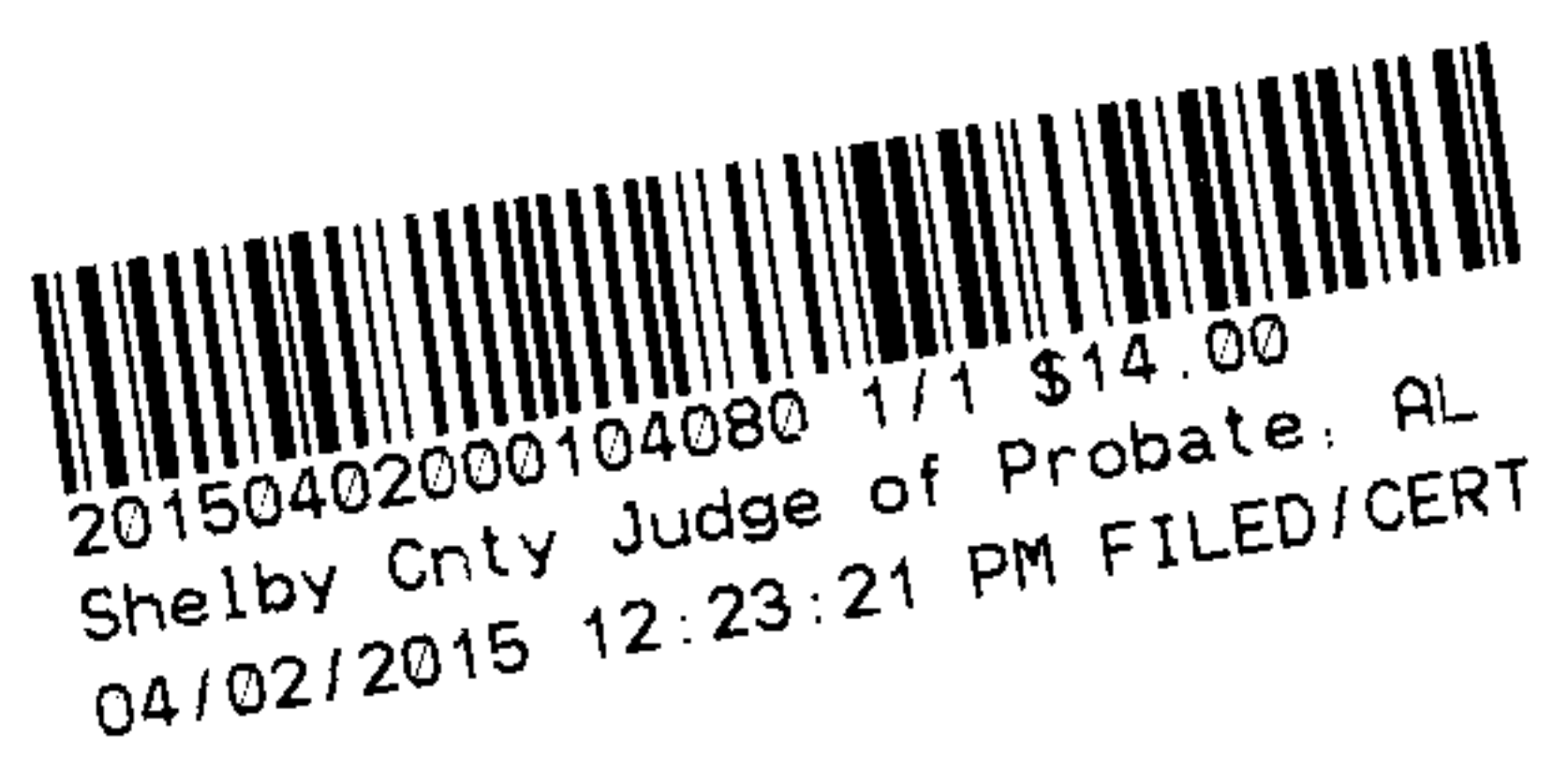
The foregoing statement was acknowledged and verified before me this 30th day of March, 2015, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



[Signature]



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