

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: **Latasha Smith**
Address: **P.O. Box 338**
Maplesville, AL 36750
Admit Date: **3/5/2015**
Discharge Date: **3/5/2015**
Amount Due: **\$3,330.40**

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:

National General Insurance - 1470350
P.O. Box 1623
Winston Salem, NC 27102

STATE OF MISSISSIPPI
COUNTY OF ALCORN

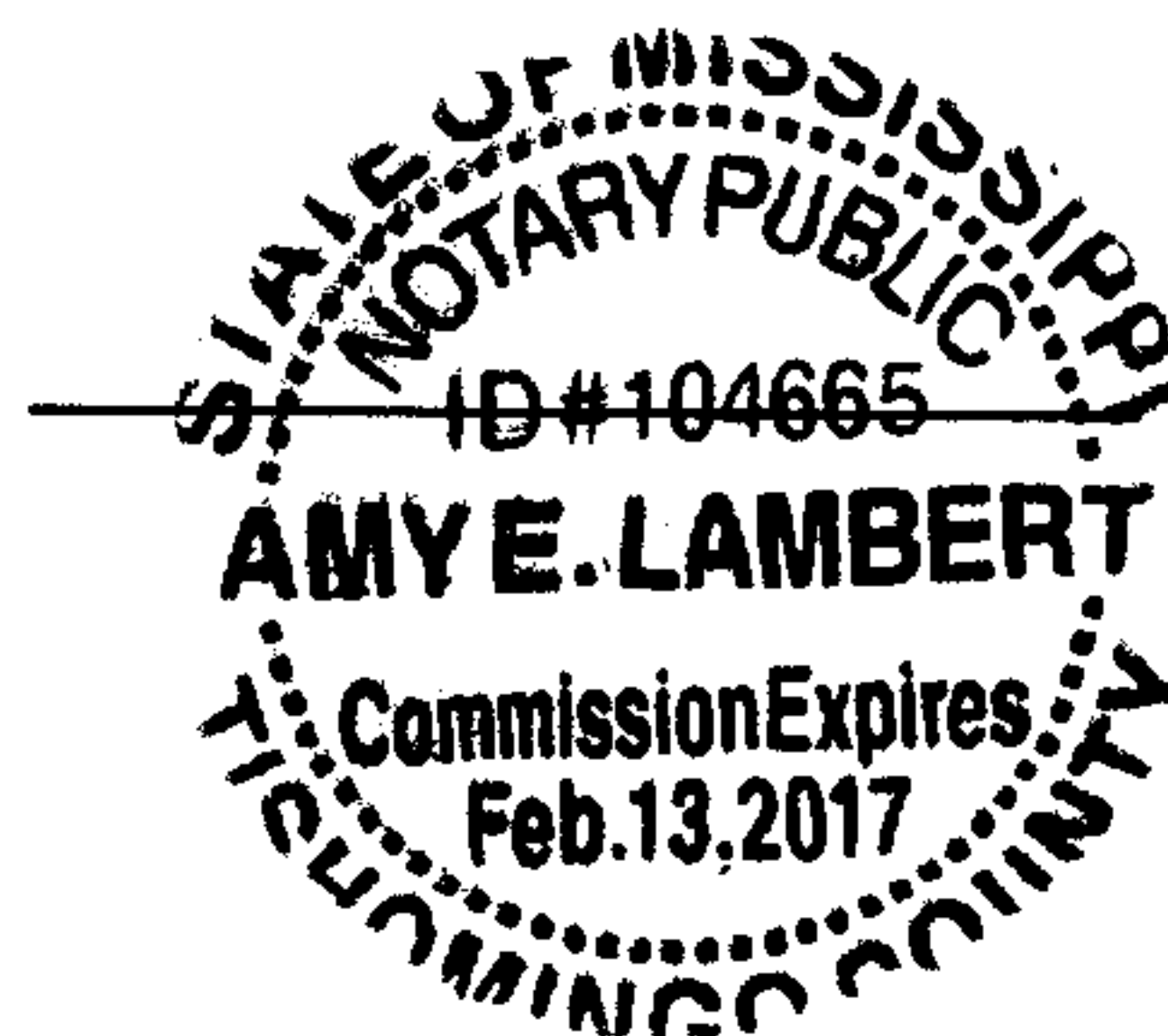
BY:


Shelby Baptist Medical Center

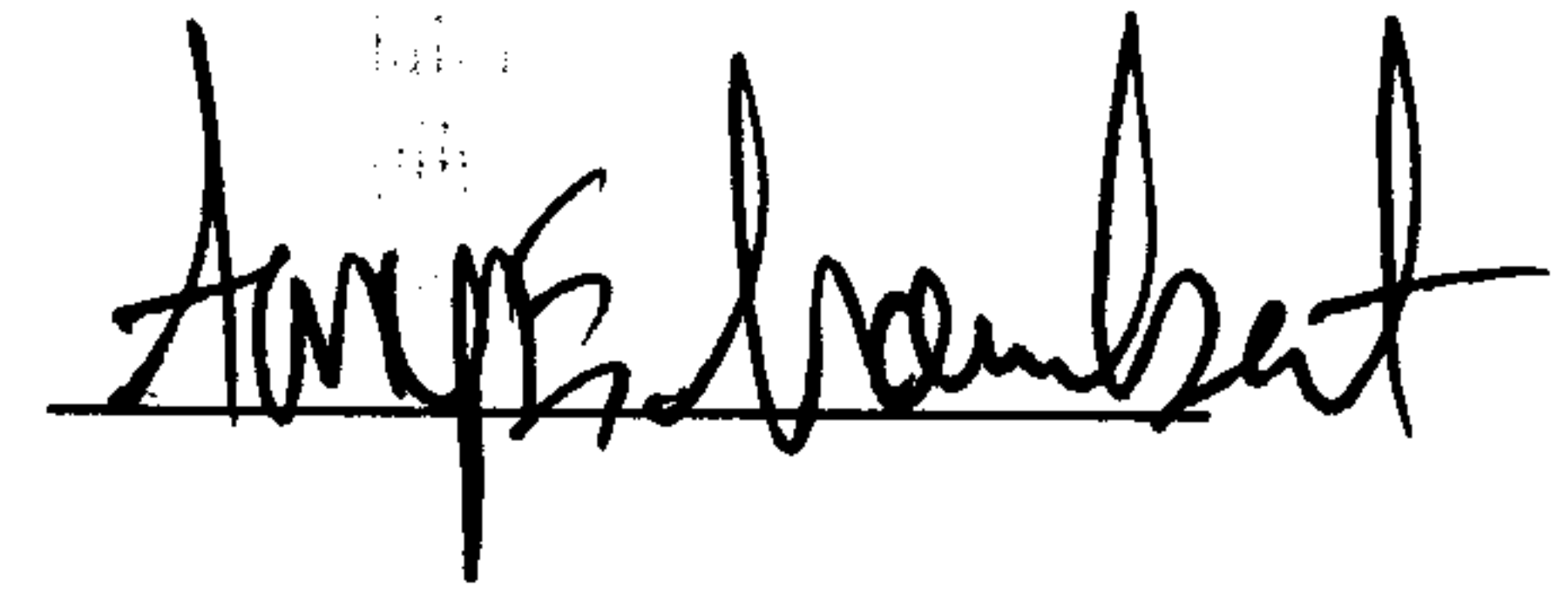
Agent

The foregoing statement was acknowledged and verified before me this Jul 1, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC





20150706000227290 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
07/06/2015 03:25:22 PM FILED/CERT

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