**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: Vidal Martinez

Address: 100 Meadowgreen Drive

Montevallo, AL 35115

 Admit Date:
 9/24/2013

 Discharge Date:
 9/24/2013

 Amount Due:
 \$1,282.00

20151209000420480 1/1 \$.00 Shelby Cnty Judge of Probate: AL 12/09/2015 11:25:03 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:

State Farm Insurance - 013D07416

P.O. Box 52257

Phoenix, AZ 85072

Shelby Baptist Medical Center

'Agent

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Dec 3, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care by ovider for and on behalf of said hospital.

Commission Expired 1

MY COMMISSION EXPIRES:

NOTARY PUBLIC

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