

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:	Vernon Lambert
Address:	611 Dixie Drive
	Bluefield, WV 24701
Admit Date:	12/7/2015
Discharge Date:	12/7/2015
Amount Due:	\$10,411.00

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:

Progressive - 155158778

1116 I-65 Commerce Drive

Mobile, AL 36606

The Hartford Insurance - PA0016563041

P.O. Box 14269

Lexington, KY 40512

STATE OF MISSISSIPPI

COUNTY OF ALCORN

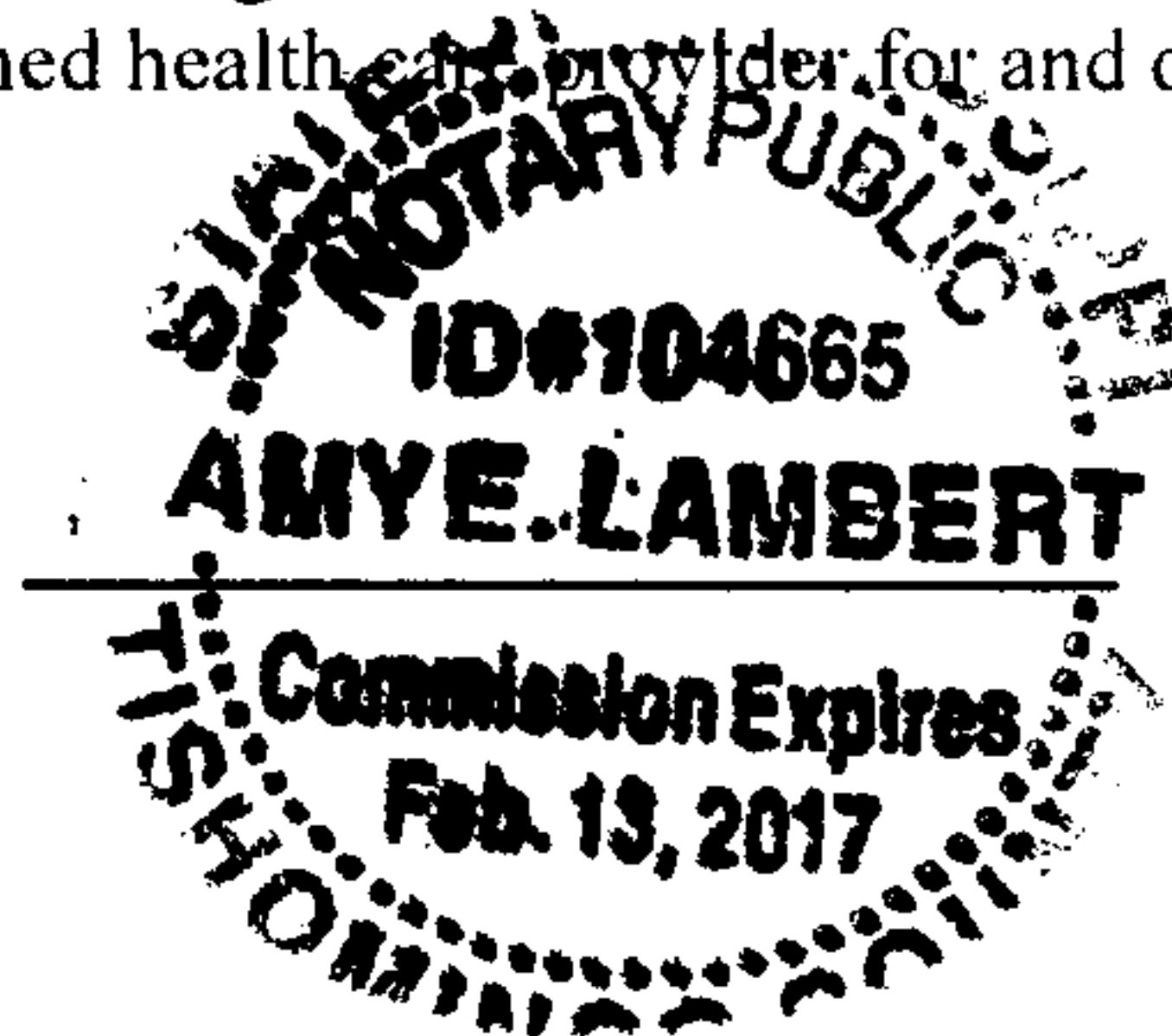
BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Jan 18, 2016, 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

[Signature of Amye Lambert]

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Shelby Cnty Judge of Probate, AL
01/21/2016 12:10:48 PM FILED/CERT

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