


**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: **Tony Snow**  
Address: **29433 Highway 25 South**  
**Wilsonville, AL 35186**  
Admit Date: **1/6/2016**  
Discharge Date: **1/6/2016**  
Amount Due: **\$1,160.00**

  
20160325000096580 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
03/25/2016 10:28:19 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 - 01-793Z-236**

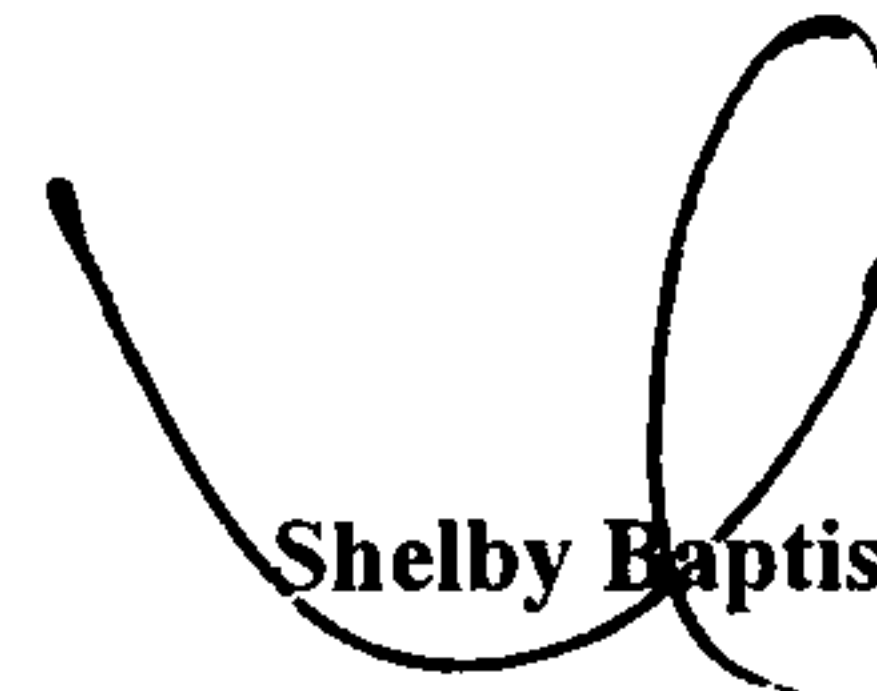
**P.O. Box 106145**

**Atlanta, GA 30348**

**State Farm Insurance - 01-7V81-044**

**P.O. Box 106145**

**Atlanta, GA 30348**



**Shelby Baptist Medical Center**

**BY:** \_\_\_\_\_

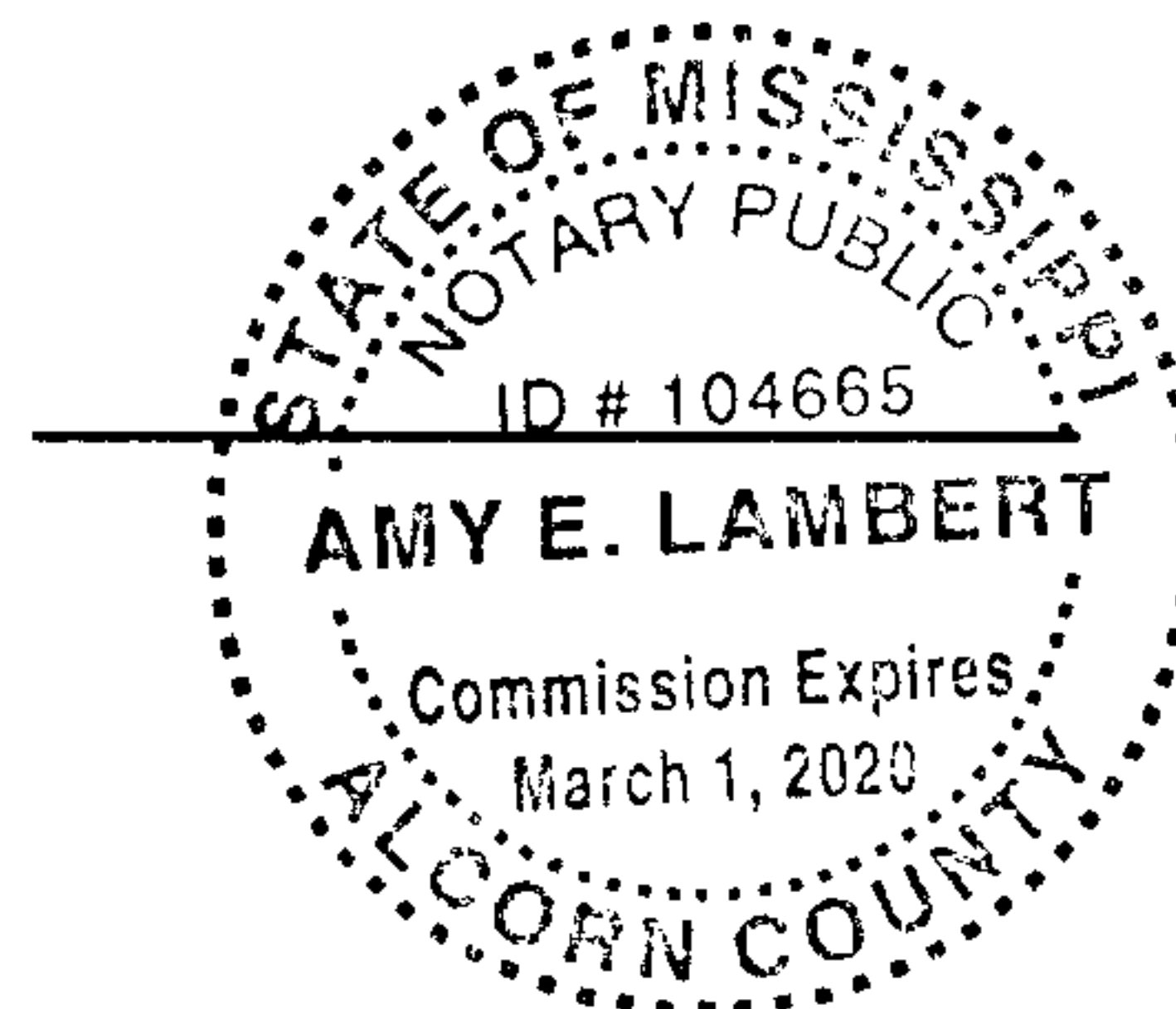
STATE OF MISSISSIPPI

COUNTY OF ALCORN

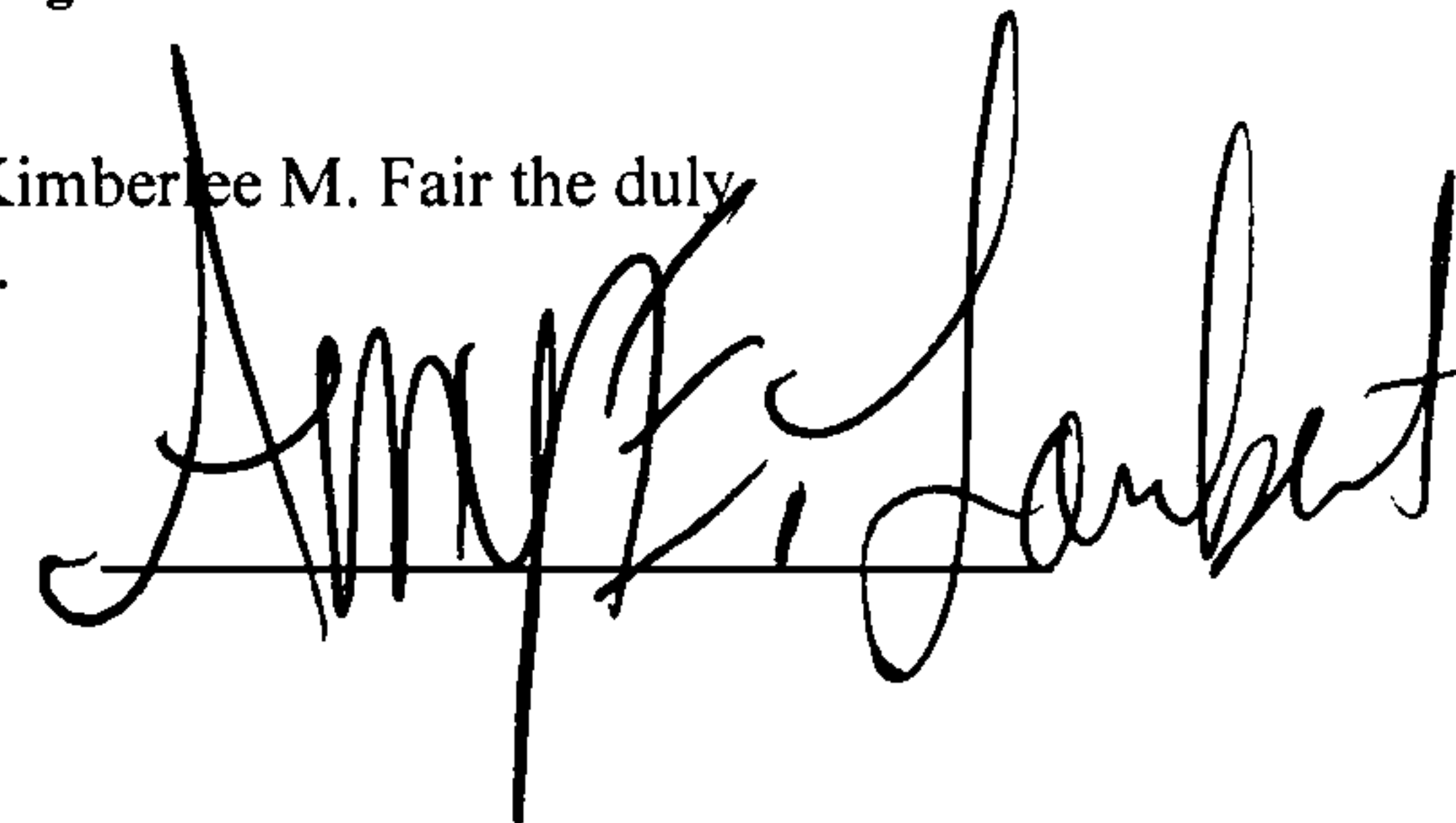
**Agent**

The foregoing statement was acknowledged and verified before me this Mar 22, 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



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