


TO: Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

  
20160330000101610 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
03/30/2016 11:40:29 AM FILED/CERT

**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: **Cynthia Mullins**  
Address: **9 Deersprings Circle**  
**Pelham, AL 35124**  
Admit Date: **11/24/2015**  
Discharge Date: **11/24/2015**  
Amount Due: **\$2,395.00**

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:

**State Farm - 01764R947**  
**P.O. Box 106145**  
**Atlanta, GA 30348**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY:

  
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Mar 24, 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

