

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:	Derrion Gee
Address:	549 Crosscreek Trail
	Pelham, AL 35124
Admit Date:	3/1/2016
Discharge Date:	3/1/2016
Amount Due:	\$1,474.00

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:

ALFA - F04-16070
1507 Rainwater Dr
Gasden, AL 25901

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY: _____

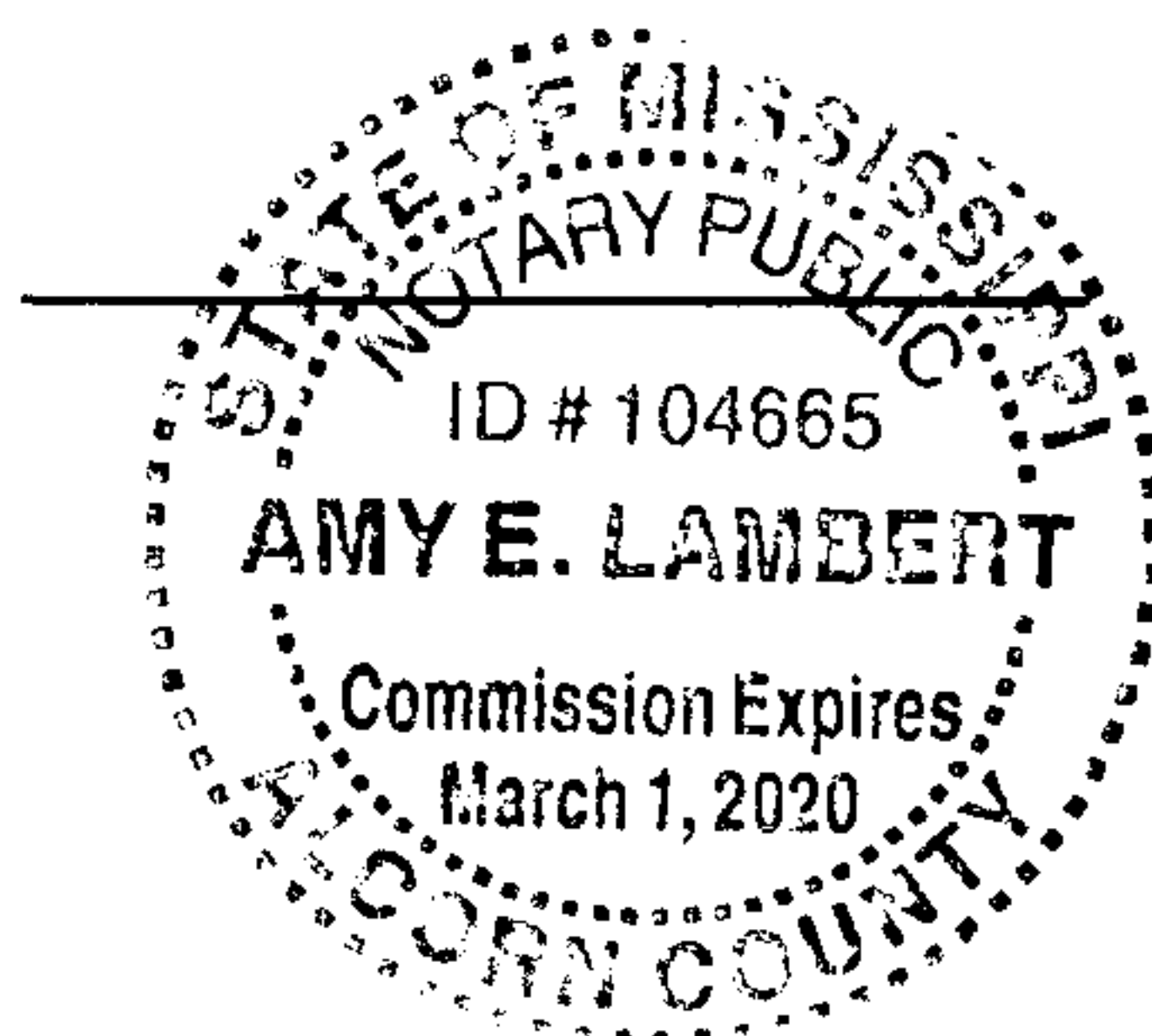
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Apr 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



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



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Shelby Cnty Judge of Probate, AL
04/21/2016 12:35:07 PM FILED/CERT