411331368

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:	**Darren Hudson**
Address:	**1613 Cunningham Drive**
	Helena, AL 35080
Admit Date:	**10/27/2015**
Discharge Date:	**10/27/2015**
Amount Due:	**$2,706.00**

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:

Farmers - 3004728345
Po Box 268993
Oklahoma City, Ok 73126

BY: **Shelby Baptist Medical Center**

STATE OF MISSISSIPPI
COUNTY OF ALCORN

Agent

The foregoing statement was acknowledged and verified before me this May 11, 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:

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires March 1, 2020 ALCORN COUNTY

NOTARY PUBLIC

20160516000166030 1/1 $.00
Shelby Cnty Judge of Probate, AL
05/16/2016 11:57:17 AM FILED/CERT

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