

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

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Shelby Cnty Judge of Probate, AL
05/27/2016 01:10:38 PM 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: **Skylar Ford**
Address: **111 Forest Parkway**
Montevallo, AL 35115
Admit Date: **4/6/2016**
Discharge Date: **4/6/2016**
Amount Due: **\$7,646.01**

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 - 018K47648

P.O. Box 106145

Atlanta, GA 30348

ALFA Insurance Co. - X0400006261

2692 Pelham Parkway, Suite E

Pelham, AL 35124

STATE OF MISSISSIPPI

COUNTY OF ALCORN

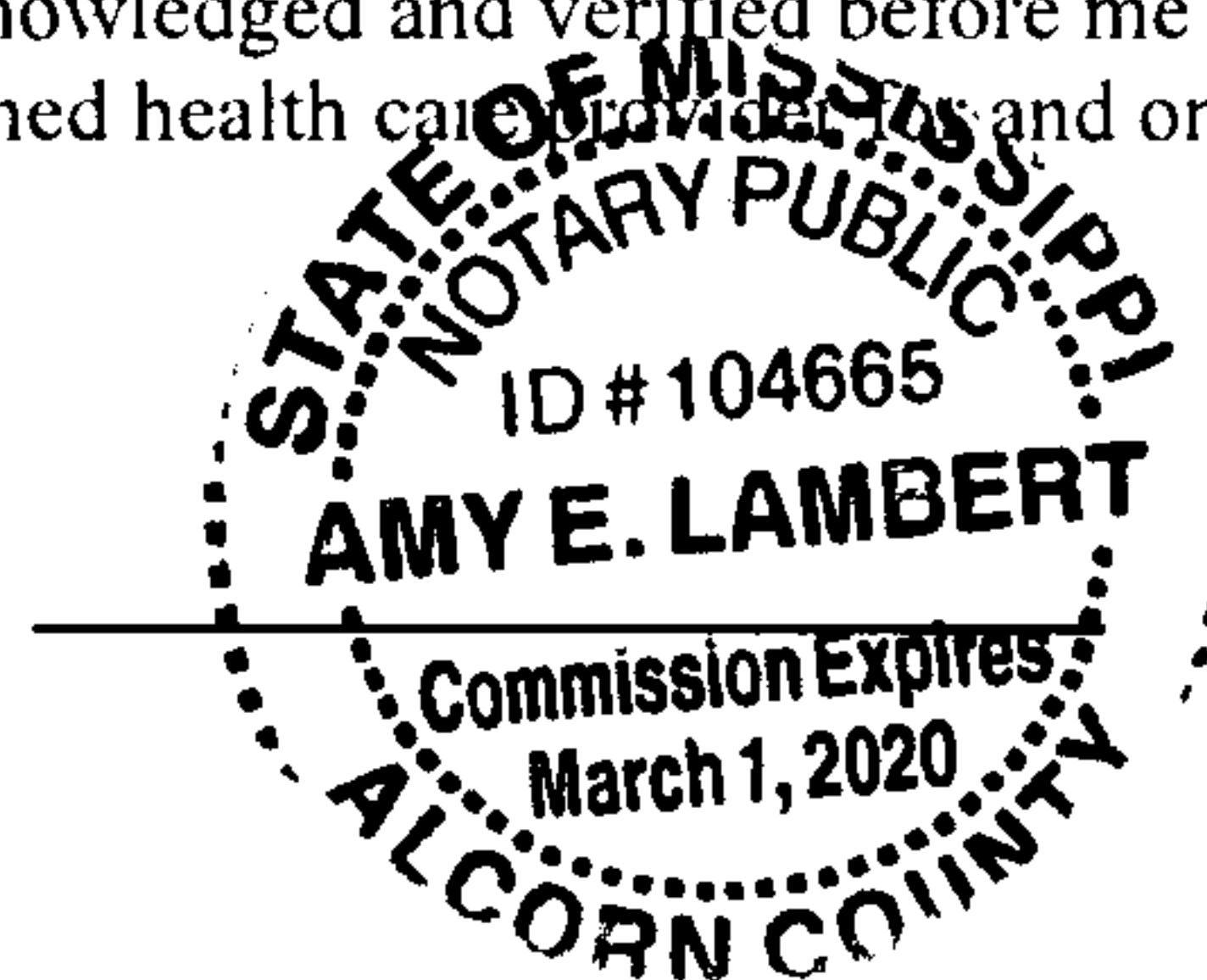
BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this May 24, 2016, by Kimberlee M. Fair the duly authorized agent of the above named health care provider, and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC

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