

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: **Otis Lowrimore**
Address: **3717 Stoneridge Terrace**
Hoover, AL 35216

Admit Date: **6/1/2016**
Discharge Date: **6/1/2016**
Amount Due: **\$8,650.43**



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Shelby Cnty Judge of Probate, AL
07/13/2016 01:03:38 PM 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 - 01891B453
P.O. Box 106145
Atlanta, GA 30348

BY:

Shelby Baptist Medical Center

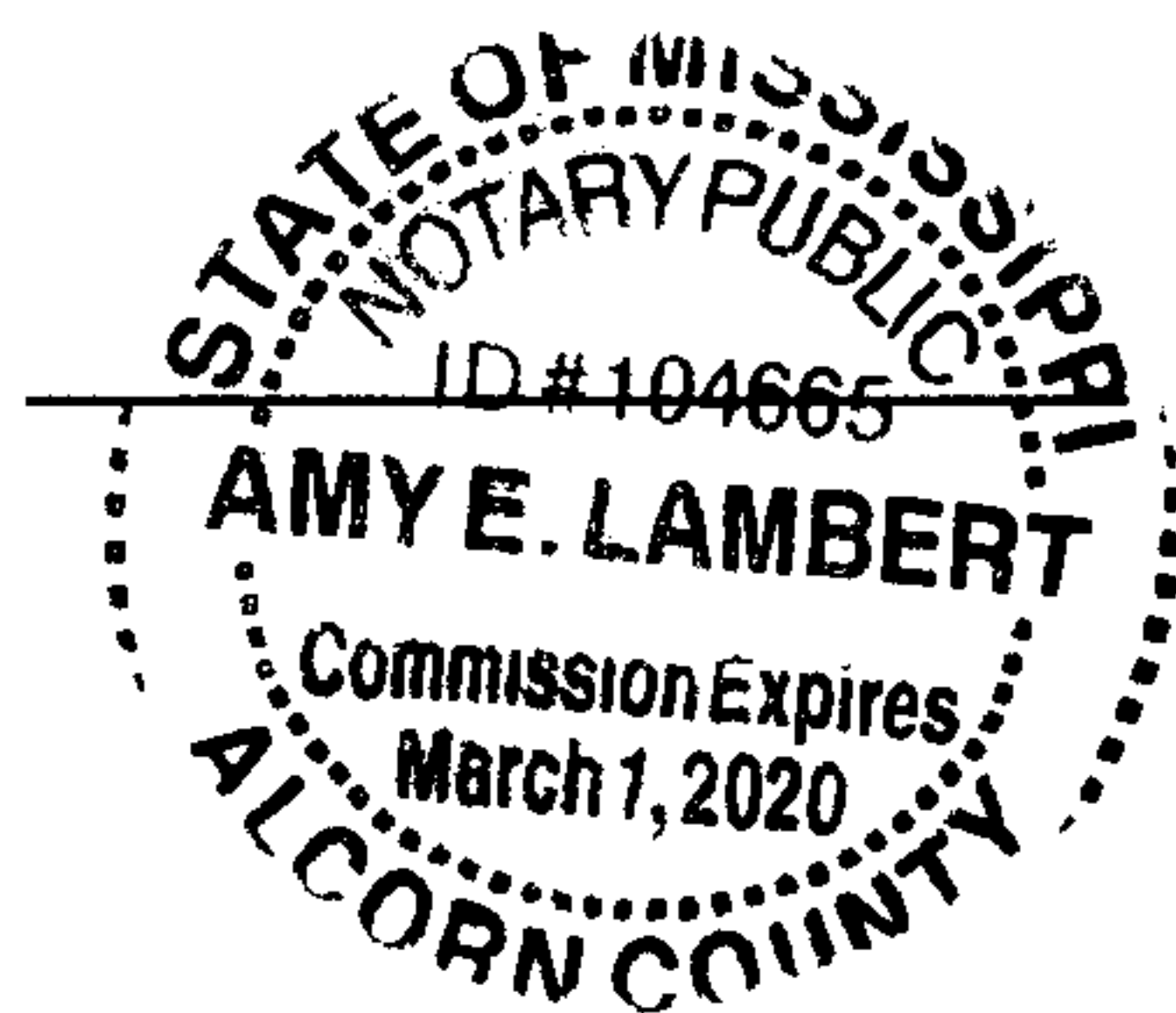
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jul 8, 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