


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


20160720000253220 1/1 \$.00
Shelby Cnty Judge of Probate, AL
07/20/2016 11:02:39 AM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

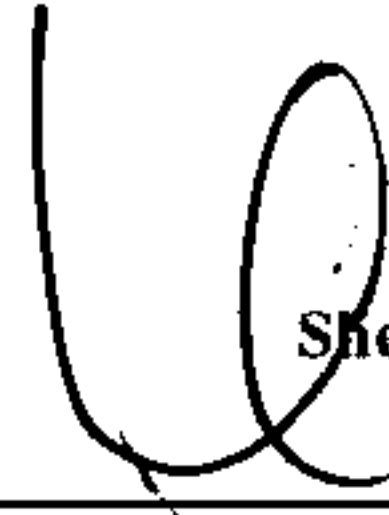
Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Terrance Ross**
Address: **Po Box 364**
Montevallo, AL 35115
Admit Date: **7/16/2015**
Discharge Date: **7/16/2015**
Amount Due: **\$3,168.20**

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:

Allstate - 0376559340
P. O. Box 660636
Dallas, TX 75266

BY:



Shelby Baptist Medical Center

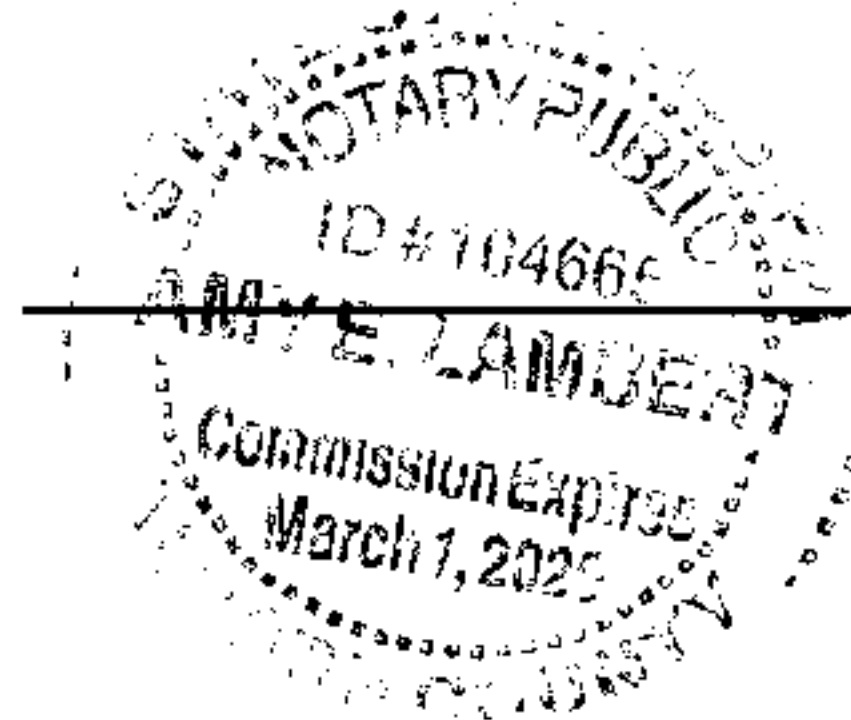
Agent

STATE OF MISSISSIPPI

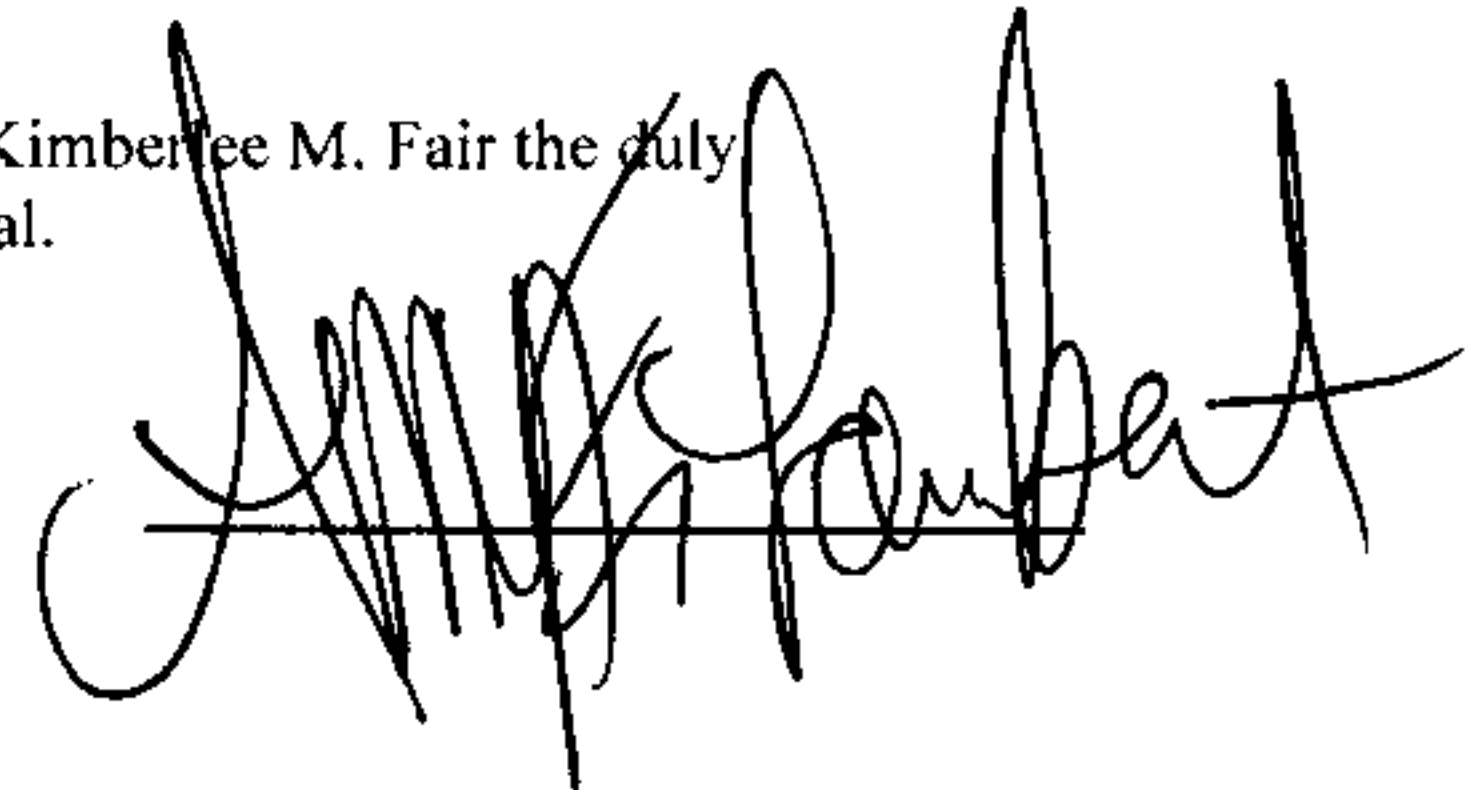
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jul 15, 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