

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:	Melissa Weaver
Address:	608 Creekview Drive
	Pelham, AL 35124
Admit Date:	8/18/2016
Discharge Date:	8/18/2016
Amount Due:	\$2,647.00

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:

EMC Insurance - Z01255033

P. O. Box 1897

Bismarck, ND 58502

State Farm Insurance - 01951F201

P.O. Box 106171

Atlanta, GA 30348

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

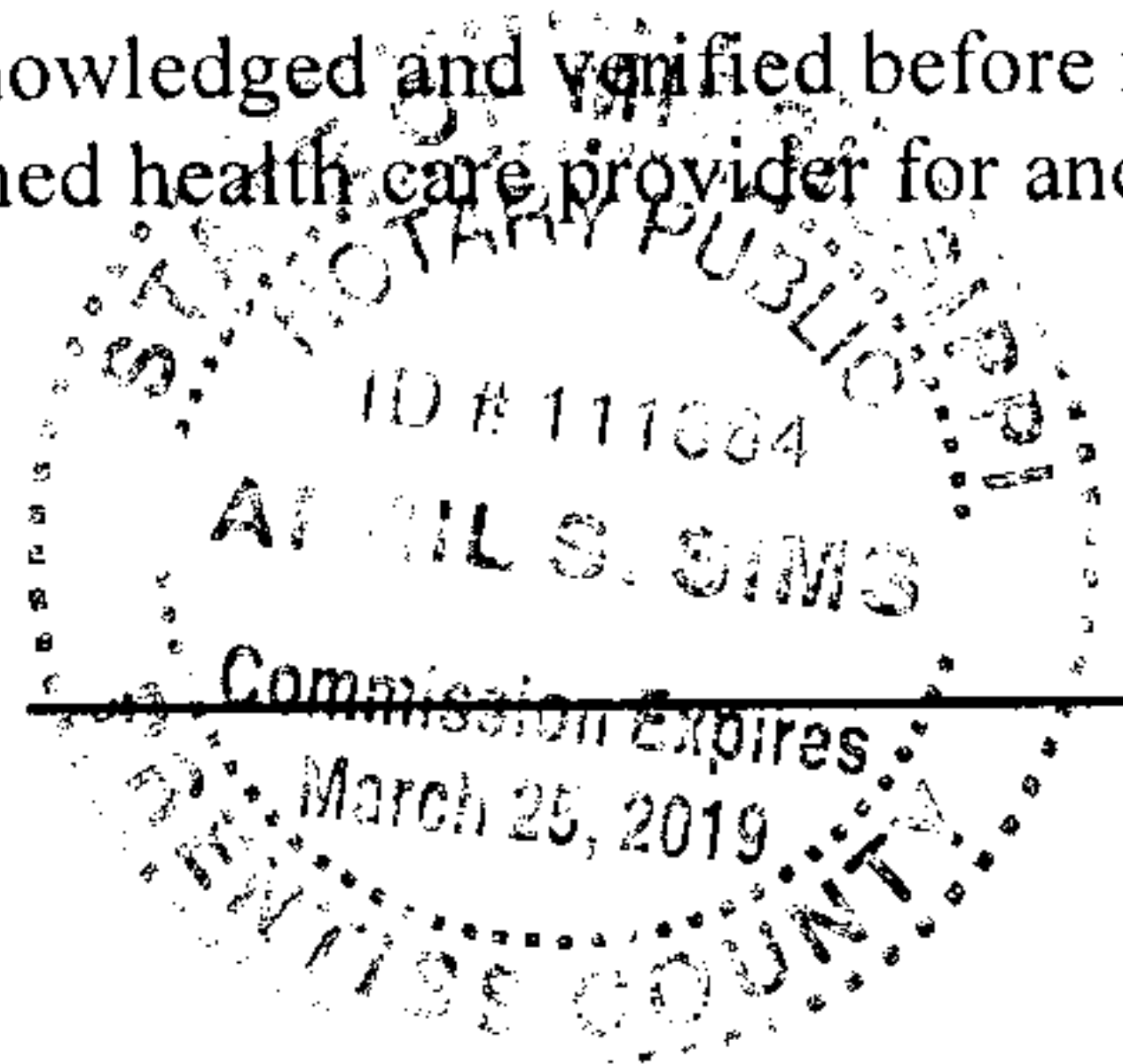
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Oct 13, 2016, by Brandi Williams the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



A handwritten signature of Brandi Williams, the authorized agent of the health care provider, written over a horizontal line.

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

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Shelby Cnty Judge of Probate, AL
10/24/2016 02:51:47 PM FILED/CERT