


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

  
20170117000019810 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
01/17/2017 11:17:11 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 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Doris Jordan**  
Address: **29 Bannerman Road**  
**Bessemer, AL 35022**  
  
Admit Date: **4/6/2016**  
Discharge Date: **4/12/2016**  
Amount Due: **\$67,578.67**

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 - 018J38282**

**P. O. Box 106145**

**Atlanta, GA 30340**

**Geico Insurance - 0542837990101016**

**One Geico Center**

**Macon, GA 31296**

BY:

  
**Princeton Baptist Medical Center**

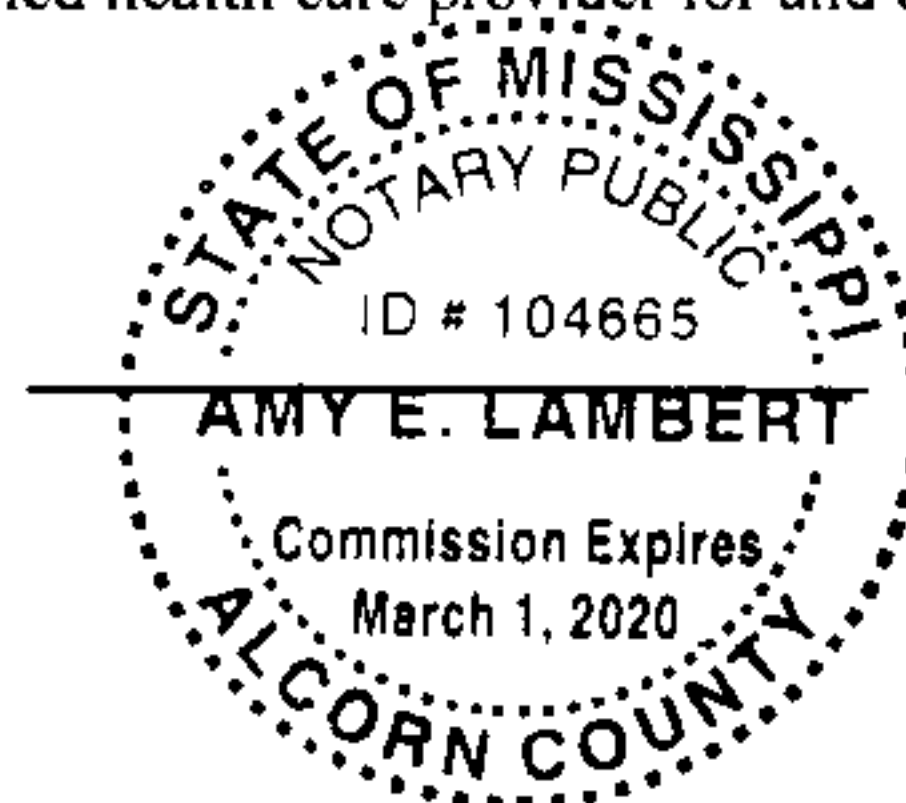
Agent

STATE OF MISSISSIPPI

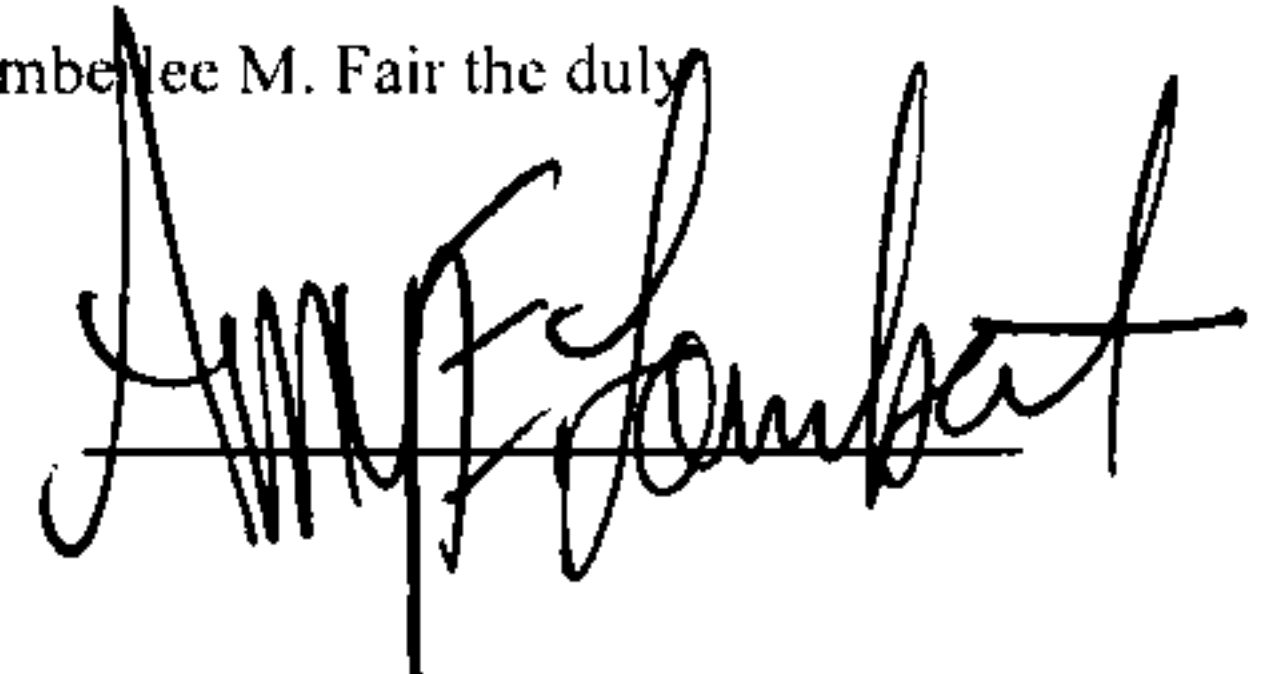
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jan 12, 2017, 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



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