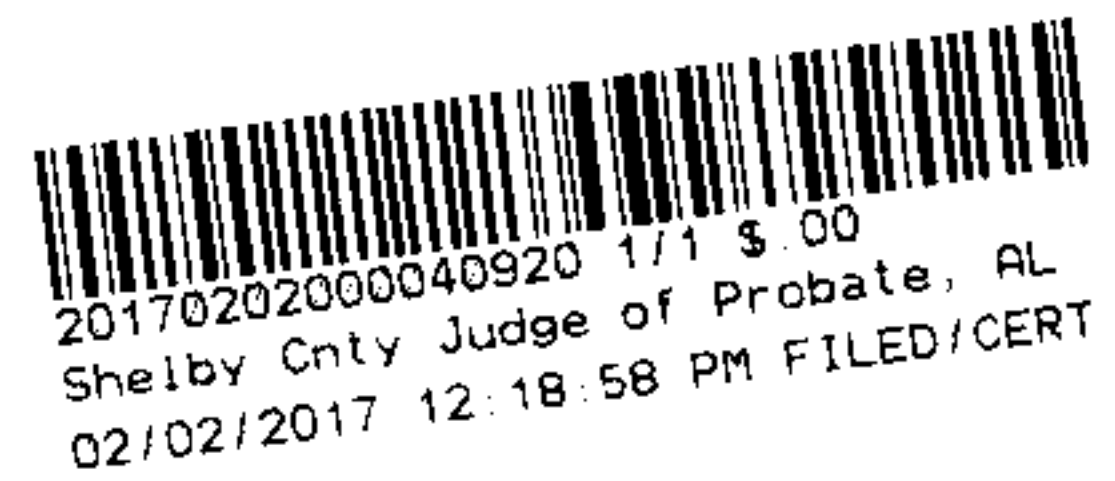


TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

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: **Steven Anderson**
Address: **1089 Grandview Pass**
Maylene, AL 35114
Admit Date: **12/18/2016**
Discharge Date: **12/18/2016**
Amount Due: **\$2,426.10**



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 - 019N89167
P.O. Box 106170
Atlanta, GA 30348

BY:

A handwritten signature in black ink, appearing to be "Kimberlee M. Fair".

Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jan 27, 2017, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY PUBLIC

A large, stylized handwritten signature in black ink, likely belonging to the Notary Public.

MY COMMISSION EXPIRES:

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