

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

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Shelby Cnty Judge of Probate, AL
04/12/2017 10:41:27 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: **Darlene Thorson**
Address: **139 Sunset Lane**
Calera, AL 35040
Admit Date: **03/17/2017**
Discharge Date: **03/17/2017**
Amount Due: **15,702.58**

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 Insurance - 0450098222

P.O. Box 2874

Clinton, IA 52733

Allstate Insurance - 0449573384

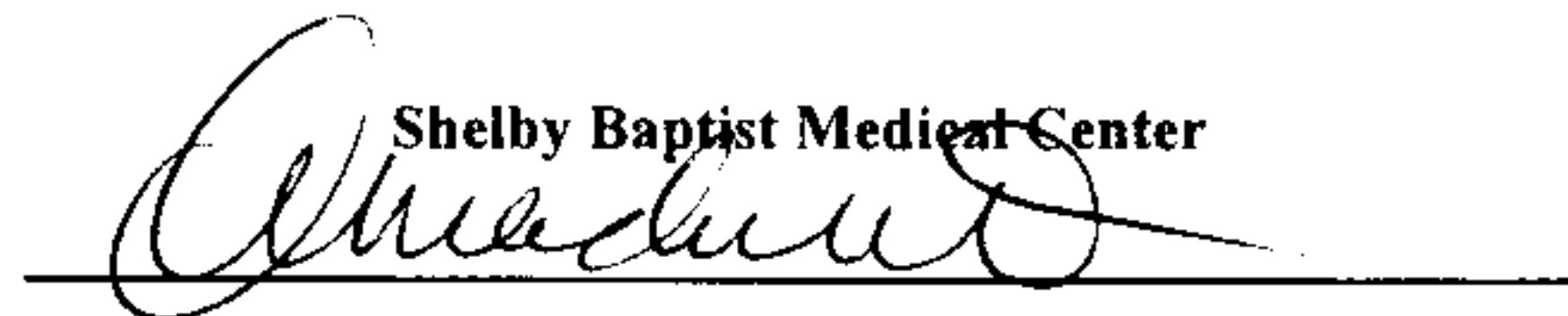
P.O. Box 385004

Birmingham, AL 35238

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

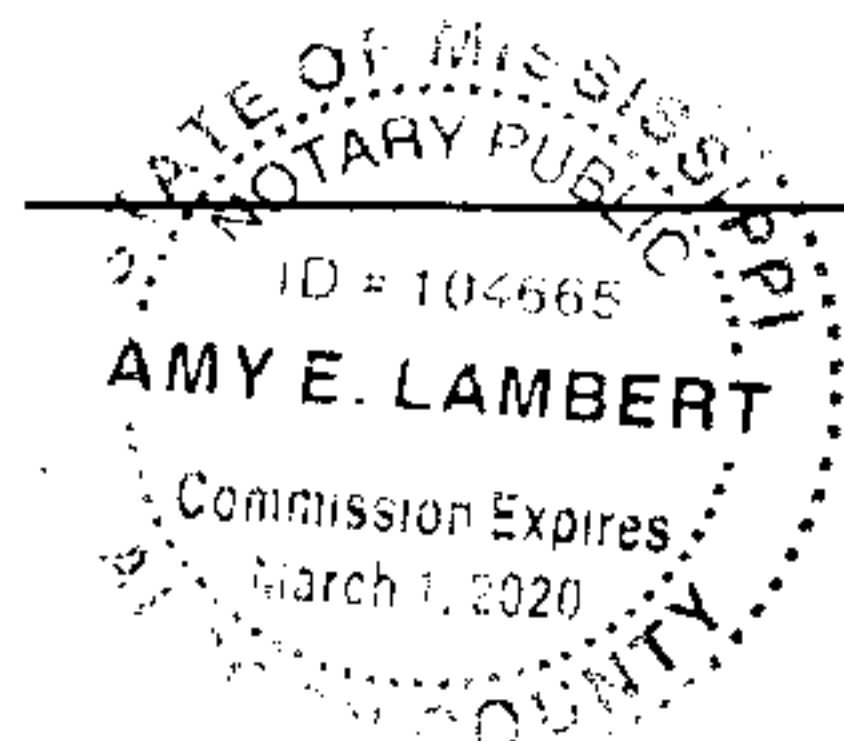

Shelby Baptist Medical Center

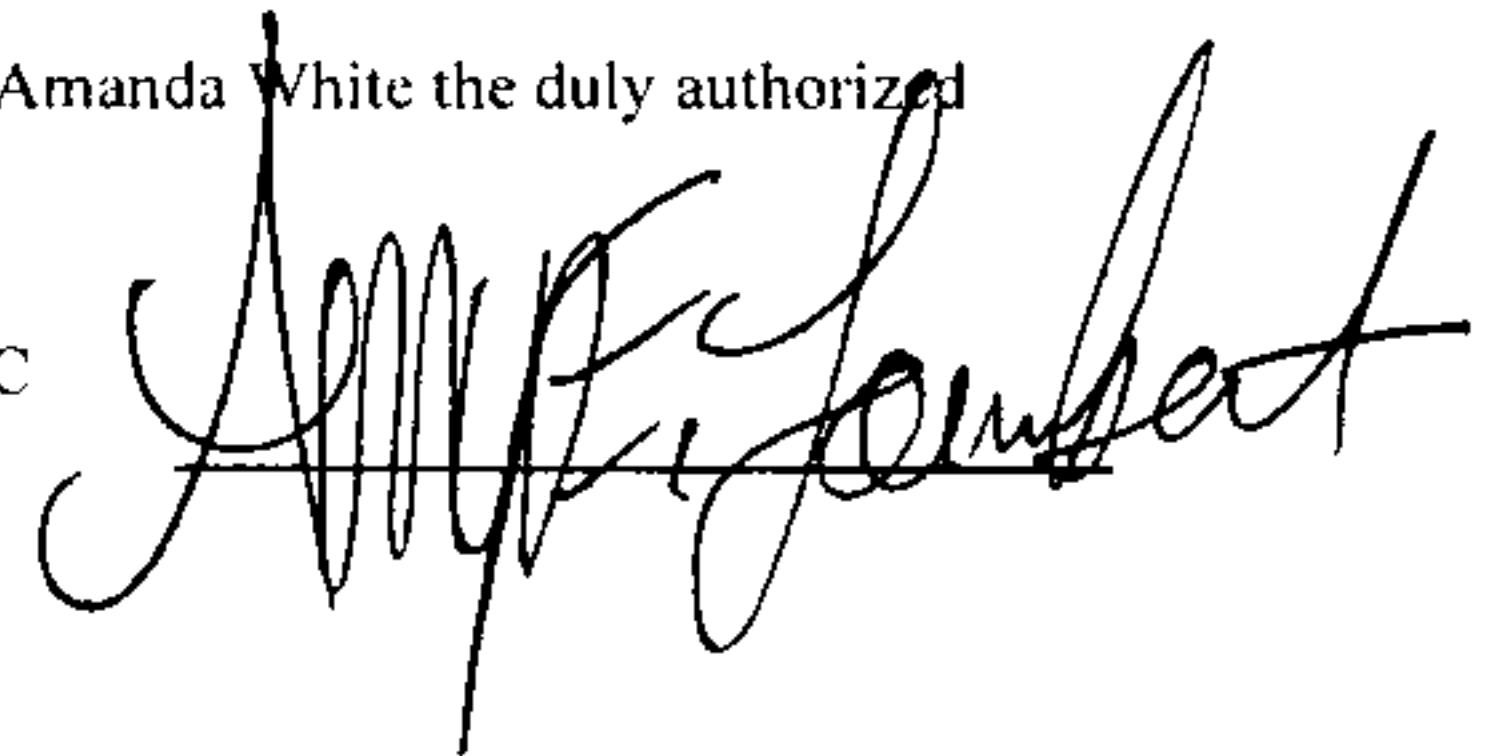
Agent

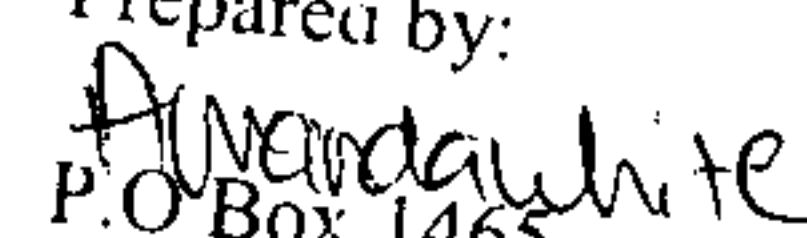
The foregoing statement was acknowledged and verified before me this Apr 7, 2017, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC





Prepared by:

P.O. Box 1465
Corinth, MS 38834