


**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: **Nathaniel Reed**  
Address: **131 Flagstone Lane**  
**Calera, AL 35040**  
Admit Date: **04/10/2017**  
Discharge Date: **04/10/2017**  
Amount Due: **6,034.29**

  
20170612000205470 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
06/12/2017 10:27:29 AM FILED/CERT

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:

**Alfa Claims - X0400007734**

**4524 South Lake Parkway Suite 6**

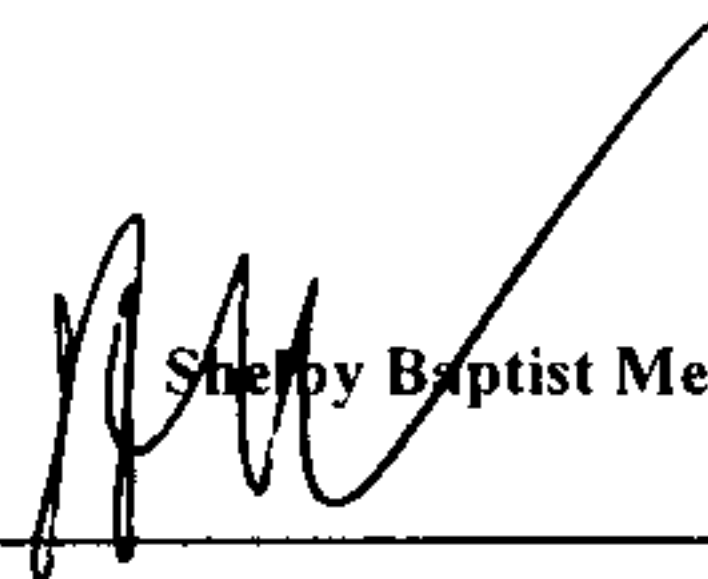
**Hoover, AL 35244**

**Nationwide Insurance - 101350-GF**

**1 Nationwide Gateway Dept. 5578**

**Des Moines, IA 50391**

BY:

  
Shelby Baptist Medical Center

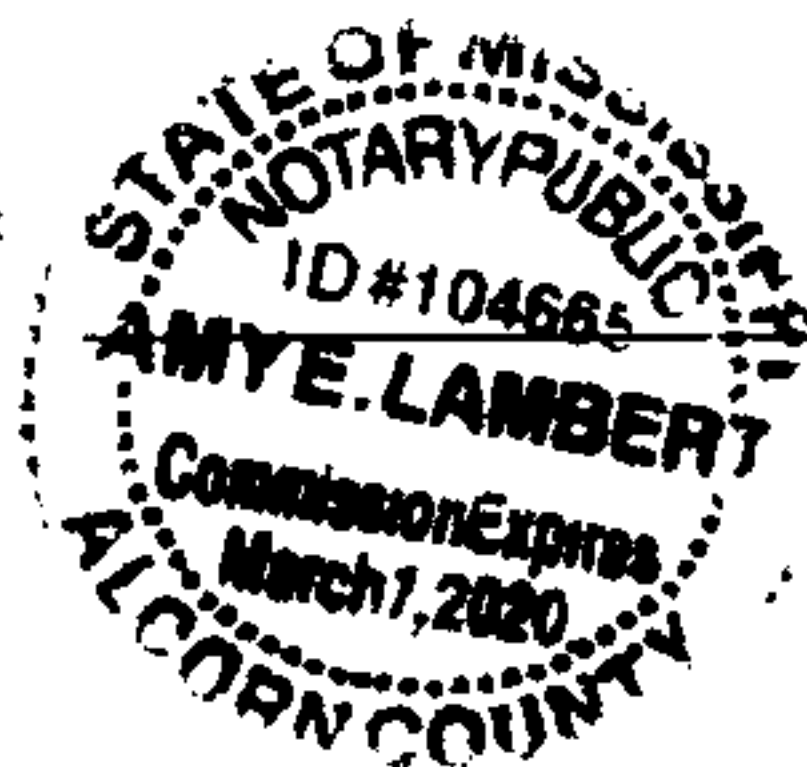
Agent

STATE OF MISSISSIPPI

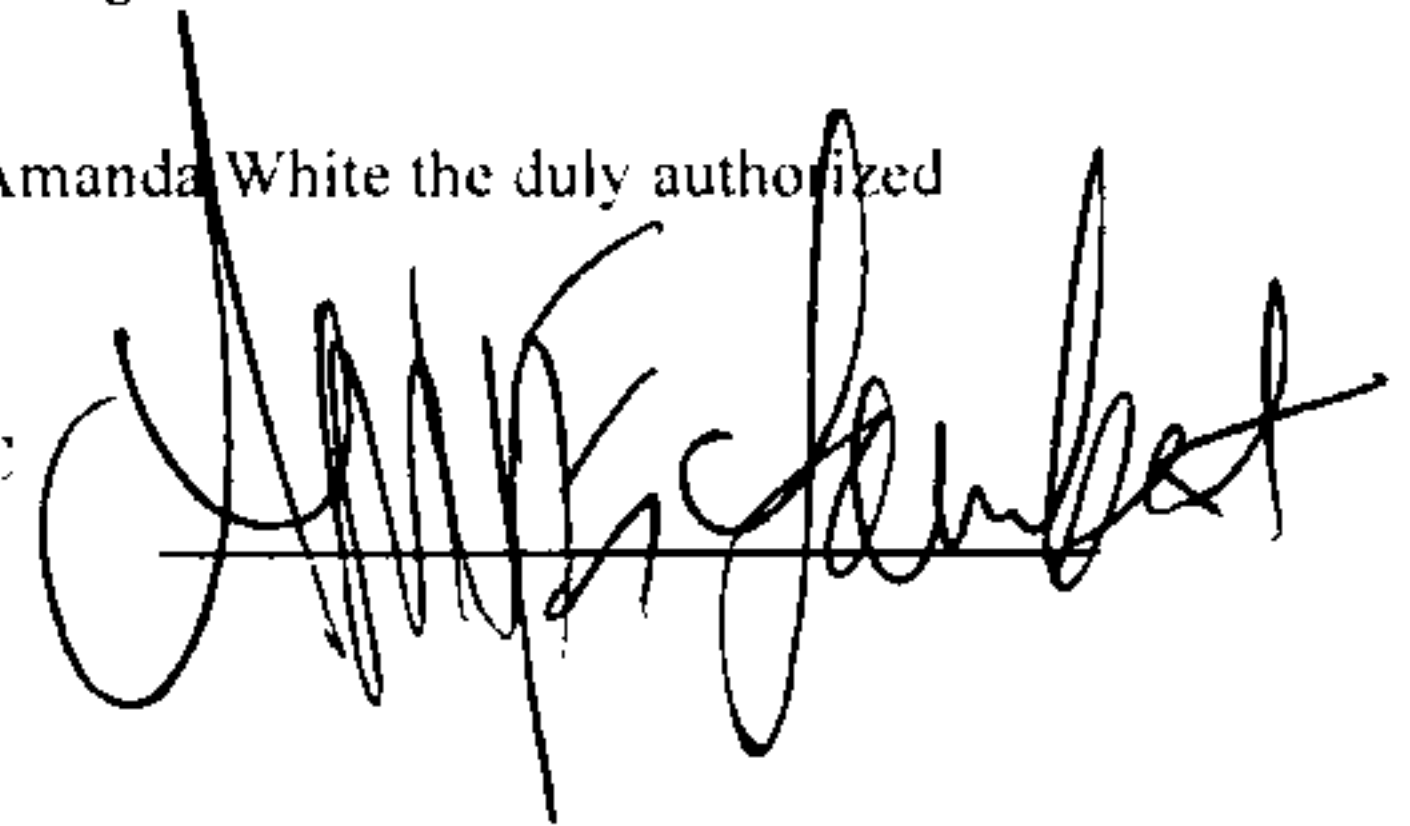
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Jun 8, 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:  
Amanda White  
P.O Box 1465  
Corinth, MS 38834