

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: **Sarah Downey**
Address: **129 Glen Abbey Lane**
Alabaster, AL 35007
Admit Date: **11/17/2018**
Discharge Date: **11/17/2018**
Amount Due: **10,781.21**

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 - 016609T57
P.O. Box 106171
Atlanta, GA 30348

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

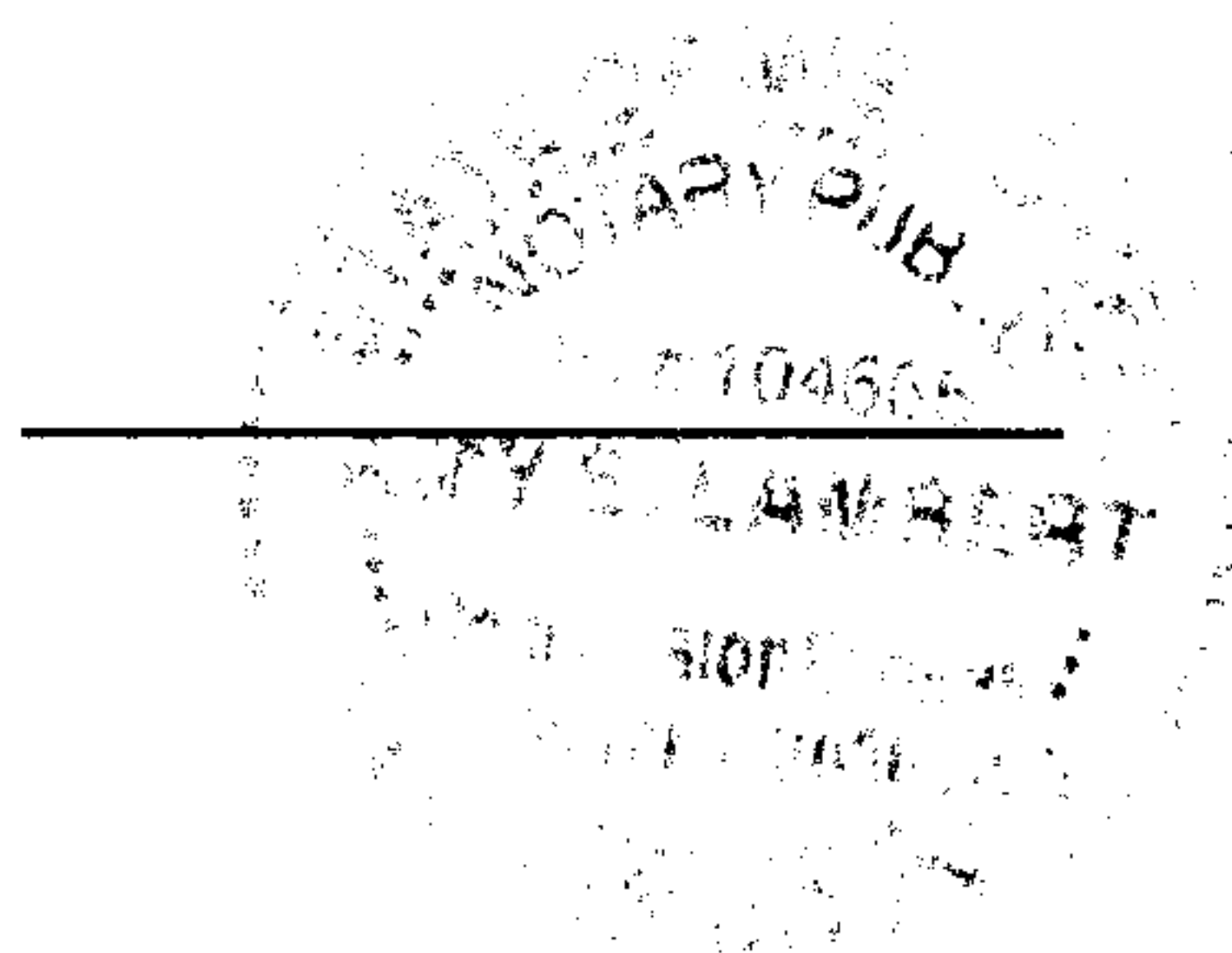
Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Jan 9, 2019, 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 _____





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Shelby Cnty Judge of Probate, AL
01/16/2019 01:07:09 PM FILED/CERT

Prepared by:
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