111777307

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 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:	**Jerran Burch**
Address:	**267 52nd Street**
	Fairfield, AL 35064
Admit Date:	**01/26/2019**
Discharge Date:	**01/26/2019**
Amount Due:	**18,328.82**

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 - 0532578366
P. O. Box 2874
Clinton, IA 52733

Princeton Baptist Medical Center

BY: _____

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Mar 19, 2019, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires March 1, 2020 ALCORN COUNTY

20190322000092830 1/1 $.00
Shelby Cnty Judge of Probate, AL
03/22/2019 01:35:10 PM FILED/CERT

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834