

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:

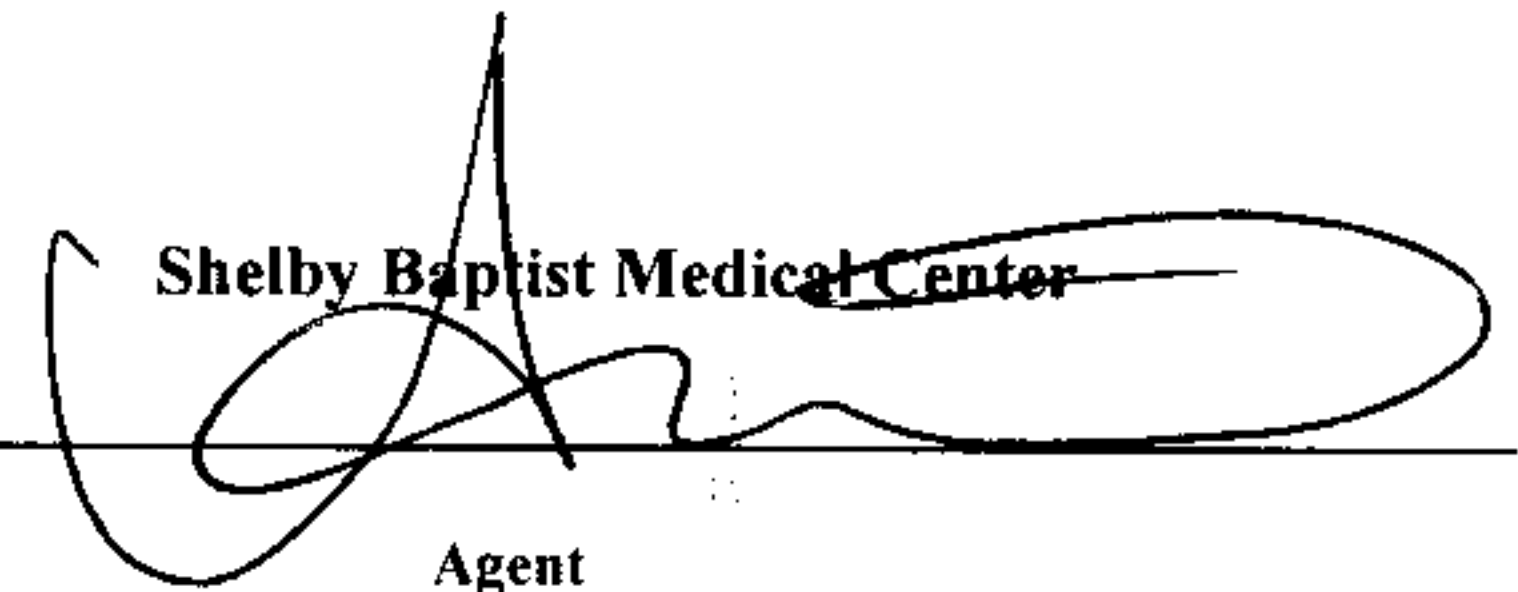
Patient's Name:	Jacqueline Lucas
Address:	6031 Vale Hollow Road Helena, AL 35080
Admit Date:	06/10/2019
Discharge Date:	06/10/2019
Amount Due:	111.00

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:

USAA Insurance - 014127870-28
P.O. Box 5000
Daphne, AL 36526
Cincinatti - 3361815
P.O. Box 152
Helena, AL 35080

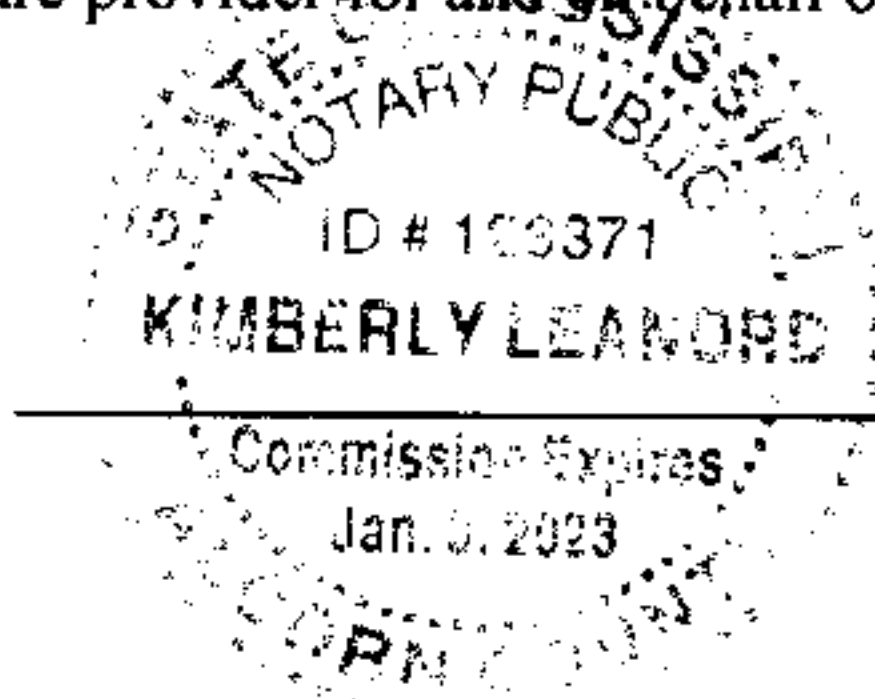
STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

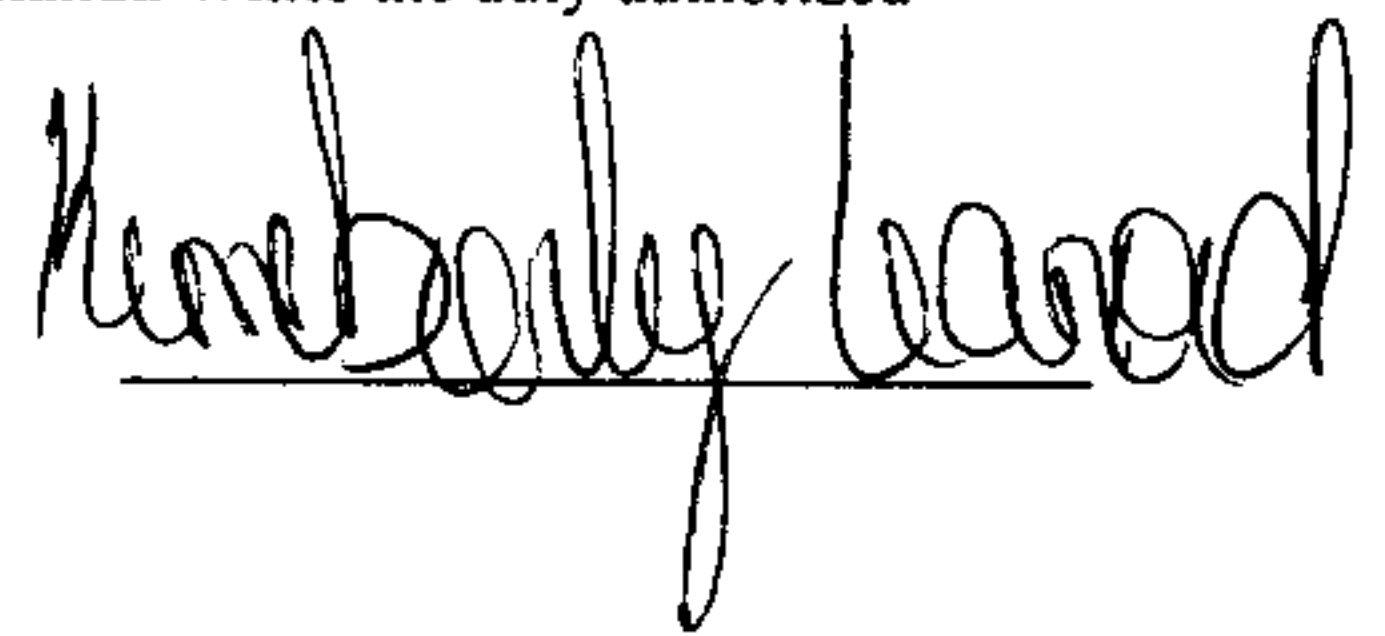

Shelby Baptist Medical Center
Agent

The foregoing statement was acknowledged and verified before me this July 24, 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
07/26/2019 02:02:31 PM FILED/CERT