

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

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Shelby Cnty Judge of Probate: AL
08/20/2019 12:03:26 PM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Deborah Camel.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

Name of Patient: **Deborah Camel**
Address of Patient: **8270 Owen Park Drive
Mc Calla, AL 35111**
Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
Address of Hospital/Operator Thereof: **701 Princeton Avenue, SW
Birmingham, AL 35211**
Date of Admission: **04/03/2019**
Date of Discharge: **04/05/2019**
Amount Due: **74,535.26**

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:


**State Farm - 018862M80
P.O. Box 106170
Atlanta, GA 30348**

**Geico - 0804529720000001
P.O. Box 6550
Fredericksburg, VA 22401**

This lien shall be enforced upon all claims accruing to Deborah Camel and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

**Hughston Nichols
Hare, Wynn, Newell & Newton, LLP
2025 Third Avenue North, Suite 800
Birmingham, AL 35203**

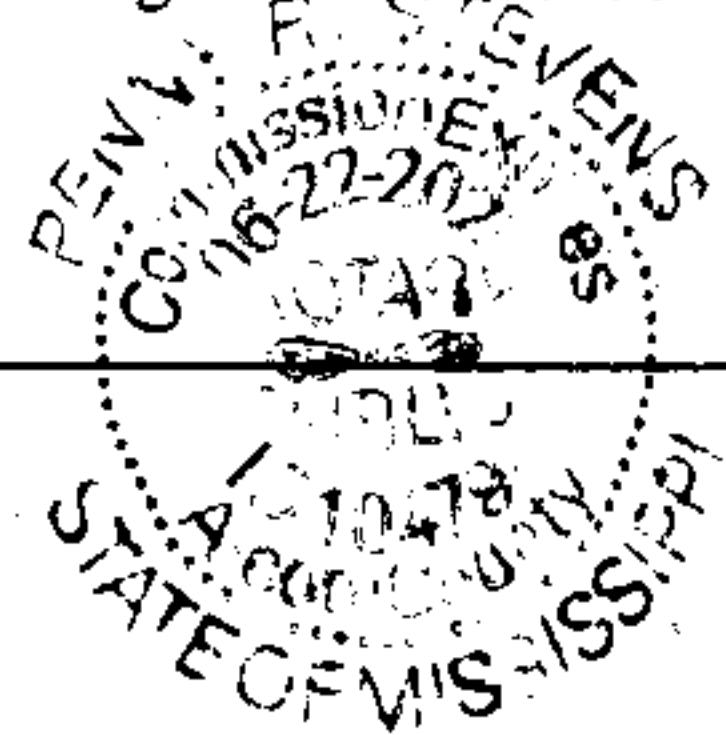
Prepared by:
**Jeremy Alan Blaylock, Esq.
514 East Waldron St.
Corinth, MS 38834**

By: 
Jeremy Alan Blaylock, Esq. (BLA104)
Authorized Agent for Princeton Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Alcorn

The foregoing statement was acknowledged and verified before me this Tuesday, August 13, 2019, by Jeremy Alan Blaylock, Esq., 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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