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Shelby Cnty Judge of Probate, AL
11/05/2019 09:08:23 AM FILED/CERT

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

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 Patti Holsomback.

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

Name of Patient: **Patti Holsomback**
Address of Patient: **345 Pea Ridge Drive
Montevallo, AL 35115**
Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
Address of Hospital/Operator Thereof: **1000 1st Street North
Alabaster, AL 35007**
Date of Admission: **08/10/2019**
Date of Discharge: **08/11/2019**
Amount Due: **10,418.20**

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 Insurance - 01B0109P4

P.O. Box 106171

Atlanta, GA 30348

Alfa - A0000213246

4524 Southlake Pkwy Ste 6

Birmingham, AL 35244

This lien shall be enforced upon all claims accruing to Patti Holsomback 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:

**Zachary Lewis
Morris Bart & Associates, LLC
420 20th Street North, Suite 2750
Birmingham, AL 35203**

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

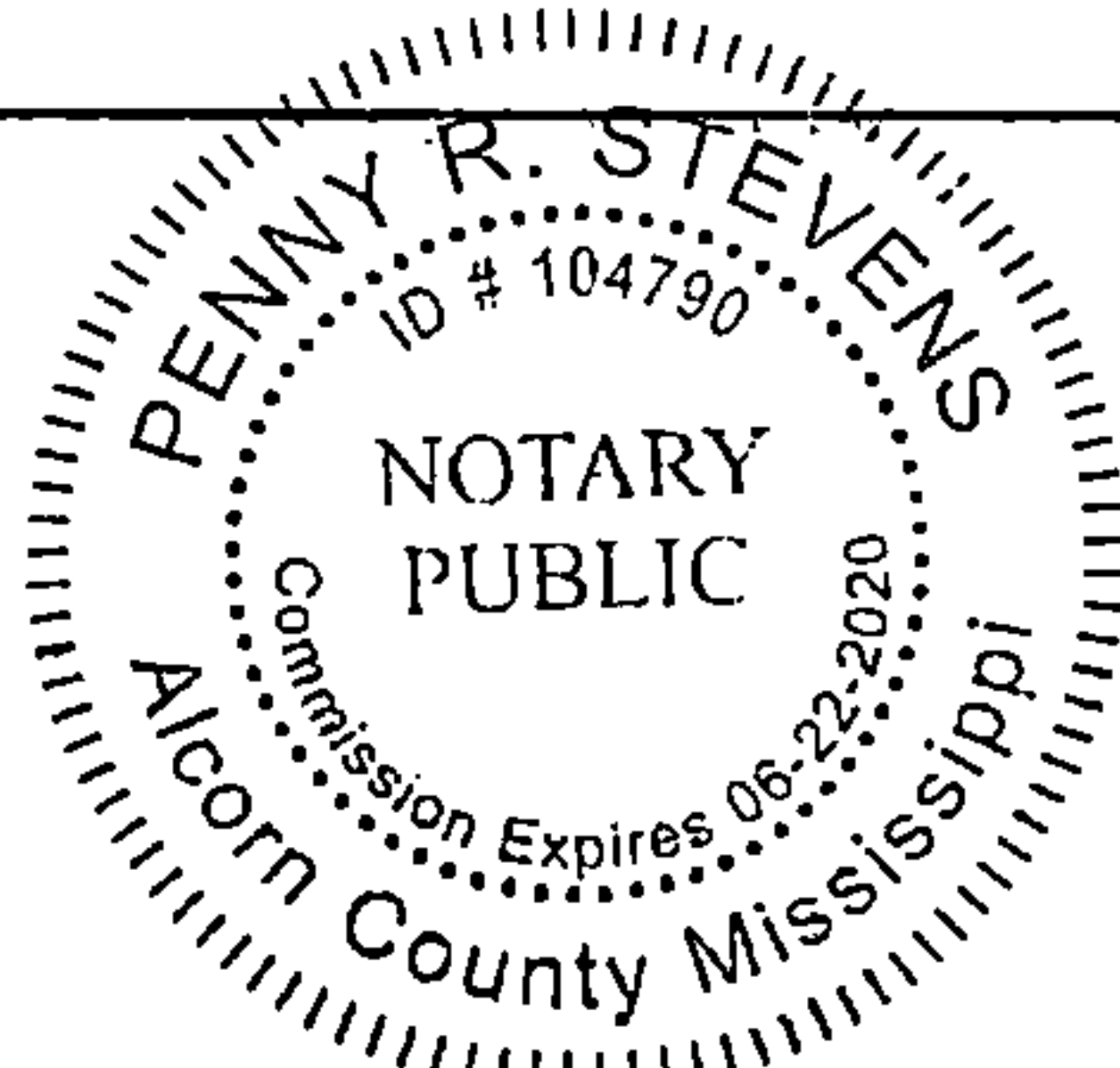
By:

**Jeremy Alan Blaylock, Esq. (BLA104)
Authorized Agent for Shelby 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 Thursday, October 31, 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