

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

20131023000419080 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/23/2013 10:49:11 AM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that Health Care Authority of the Baptist Health Foundation, 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: **Tiffany Pardue**
Address: **5405 Old Highway 280**
Columbiana, AL 35185

Admit Date: **9/14/2013**
Discharge Date: **9/14/2013**
Amount Due: **\$2,154.00**

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:

ALFA Insurance - X0600004010

2692 Pelham Pkwy Suite E

Pelham, AL 35124

USAA - 134611-511

P. O. Box 659461

San Antonio, TX 78265

Shelby Baptist Medical Center

STATE OF MISSISSIPPI

COUNTY OF ALCORN

Prepared By:

Kimberlee M. Fair Agent
P.O Box 1465, Corinth, MS 38834

The foregoing statement was acknowledged and verified before me this 15th day of Oct, 2013, by Kim Fair the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



[Signature]