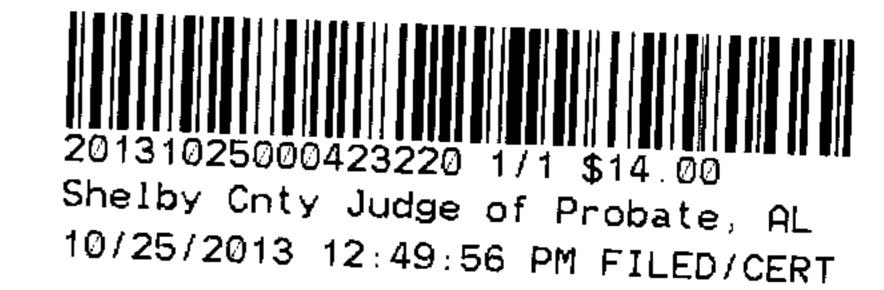
TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## **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:

Lakeshia Walter

Address:

P O Box 122

Columbiana, AL 35114

Admit Date:

7/15/2013

Discharge Date:

7/15/2013

Amount Due:

\$14,633.00

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:

State Farm - 01318X168

P. O. Box 106145

Atlanta, GA 30348

Shelby Baptist/Medical Center

Prepared By:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

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

The foregoing statement was acknowledged and verified before me this day of the duly authorized Shelby Baptist Medical Center of the above named health care provider

for and on behalf of said hospital.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

ID # 93803

LaTONYA A. GLOVER:

Commission Expires.
Aug. 4, 2017

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