

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

20140124000024070 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
01/24/2014 11:59:51 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: **Dorothy Garrison**
Address: **3902 10th Ave**
Columbiana, AL 35805
Admit Date: **8/29/2013**
Discharge Date: **8/29/2013**
Amount Due: **\$16,410.00**

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:

Nationwide - 039474-GA
3300 Southwest Williston Road
Gainesville, Florida 32608
The Hartford Insurance - PA11507067
P.O. Box 14262
Lexington, KY 40512

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 15th day of JAN, 2014, 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



Michael M. Wilbanks