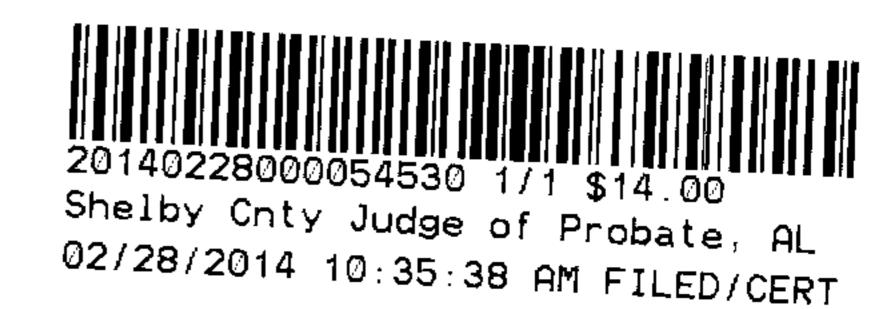
Shelby County Probate Office TO: P.O. Box 825

Columbiana, AL 35051



## NOTICE OF AMENDED HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., 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:

Jenny Blaylock

Address:

1502 Hillsboro Lane

Columbiana, AL 35080

Admit Date:

5/16/2013

Discharge Date:

5/16/2013

Amount Due:

\$1,501.00

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:

Safeco - 495462925036

P. O. Box 515097

Los Angeles, CA 90051

Travelers Insurance - HRL2858

CF # 1816

Alpharetta, GA 30023

Shelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 25the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

D#107393

MISCHELL M. WILBANKS

Commission Expires.

BY:

MY COMMISSION EXPIRES:

NOTARY PUBLIC (

Prepared By. Kimberlee M. Fair

P.O Box 1465

Corinth, MS 38834