

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

20140228000054530 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
02/28/2014 10:35:38 AM FILED/CERT

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

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 25th day of Feb, 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

Mitchell M. Wilbanks

Prepared By:

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