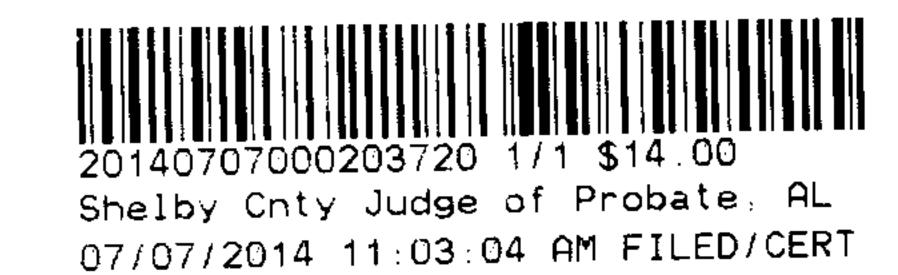
TO: Shelby County Probate Office

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:

Rebecca Tiemann

Address:

3074 Arbor Bend

Columbiana, AL 35244

Admit Date:

2/28/2014

Discharge Date:

2/28/2014

Amount Due:

\$10,474.00

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:

Allstate - 031-778-0484

P. O. Box 385004

Birmingham, AL 35238

Shelby Baptist Medical Center

STATE OF MISSISSIPPI

COUNTY OF ALCORN

cnowledged and verified before me this _/___ day of Ulling the above ha

the duly authorized Shelby Baptist Medical Center of the above named health care royider for and on behalf of said hospital

MISCHELL M. WILBANKS

Commission Expires:

BY:

provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

France M. Fair

P.O Box 1465

Corinth, MS 38834