411035833

20131017000413130 1/1 $14.00
Shelby Cnty Judge of Probate, AL
10/17/2013 11:57:55 AM FILED/CERT

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, Division15, 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:	**Lisa Willis**
Address:	**256 Wilson Circle**
	Columbiana, AL 35171-7740
Admit Date:	**7/25/2013**
Discharge Date:	**7/28/2013**
Amount Due:	**$28,868.47**

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 - 0294925052
P.O. Box 660636
Dallas, TX 75266

State Farm Insurance - 012N83257
P.O. Box 106145
Atlanta, GA 30348

Prepared By: **Shelby Baptist Medical Center**

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

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 9th day of Oct, 2013, by Kim Fair 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:

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 93803
LaTONYA A. GLOVER
Commission Expires
Aug. 4, 2017
ALCORN COUNTY