

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, 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: **Rebecca Gilbert**
Address: **117 Summer Chase Parkway**
Columbiana, AL 35040
Admit Date: **11/8/2013**
Discharge Date: **11/8/2013**
Amount Due: **\$1,821.00**

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 Insurance - 0305094039

2600 Corporate Drive Suite 210

Birmingham, AL 35242

Geico Insurance - 0255359940101027

One Geico Center

Macon, GA 31296-0001

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

Shelby Baptist Medical Center

Agent

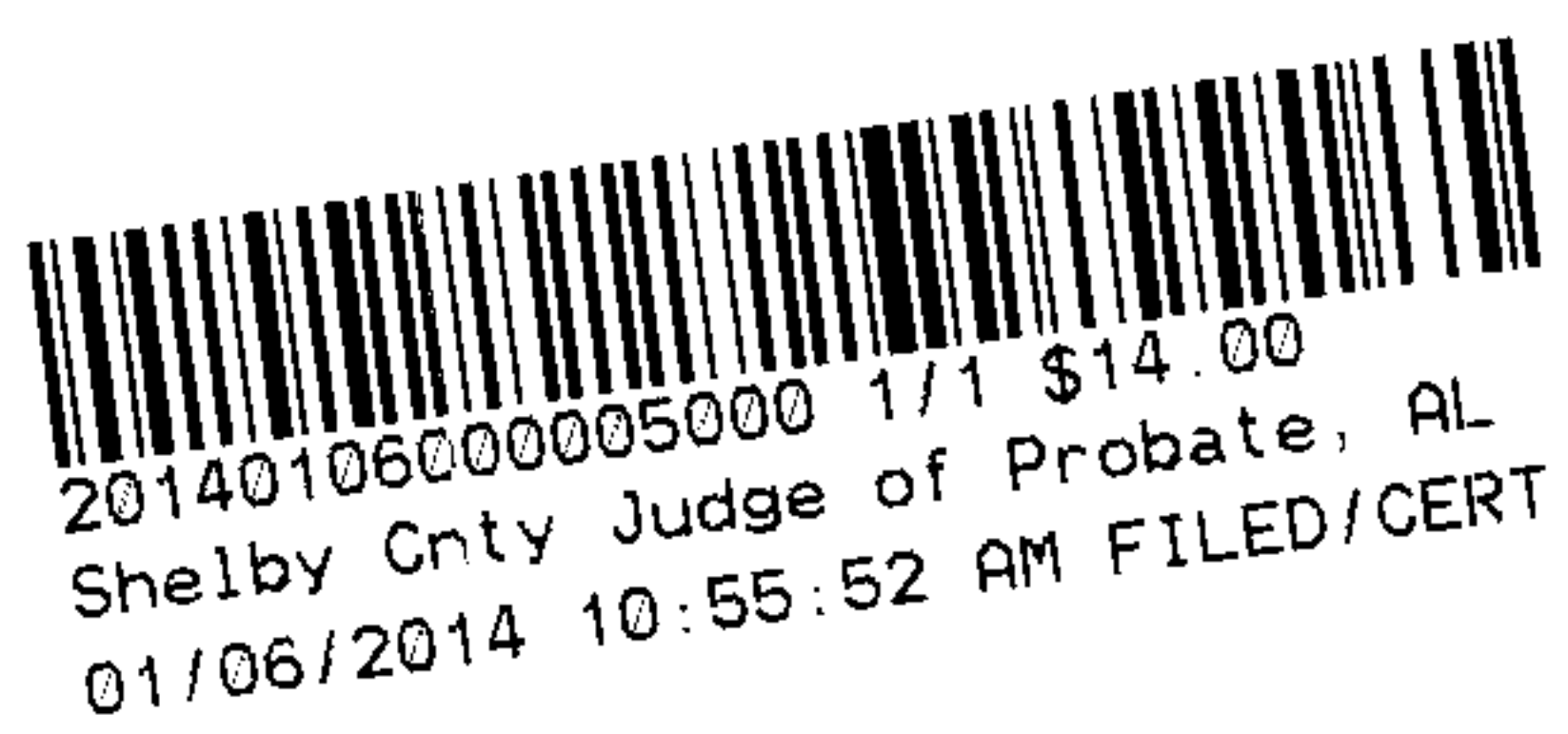
The foregoing statement was acknowledged and verified before me this 31st day of Dec, 2013, by Austin Gray the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC



Amy E. Lambert



*Prepared by: Austin Gray
P.O. Box 1465
Corinth, MS 38834*