



20140113000011560 1/1 \$14.00  
 Shelby Cnty Judge of Probate, AL  
 01/13/2014 11:20:49 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, 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: **Dwight Brown**  
 Address: **127 Canter Way**  
**Columbiana, AL 35007**  
 Admit Date: **12/4/2013**  
 Discharge Date: **12/4/2013**  
 Amount Due: **\$2,399.00**

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:

**AAA Insurance/Claims Dept - PA1243311**

**P. O. Box 66502**

**St. Louis, MO 63166**

**Cincinnati Insurance - 2115328**

**P. O. Box 382616**

**Birmingham, AL 35238**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 17<sup>th</sup> day of JAN, 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



*Mischell M. Wilbanks*