

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



20140115000013910 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
01/15/2014 11:09:31 AM FILED/CERT

**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: **Samuel Ellison**  
Address: **3159 County Road 9**  
**Columbiana, AL 35046**  
Admit Date: **11/24/2013**  
Discharge Date: **11/24/2013**  
Amount Due: **\$660.00**

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:

**Geico Insurance - 0352842420101023**

**P.O. Box 9518**

**Fredericksburg, VA 22403**

**USAA Insurance - 015229130-007**

**P.O. Box 26001**

**Daphne,, AL 36526**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

BY:

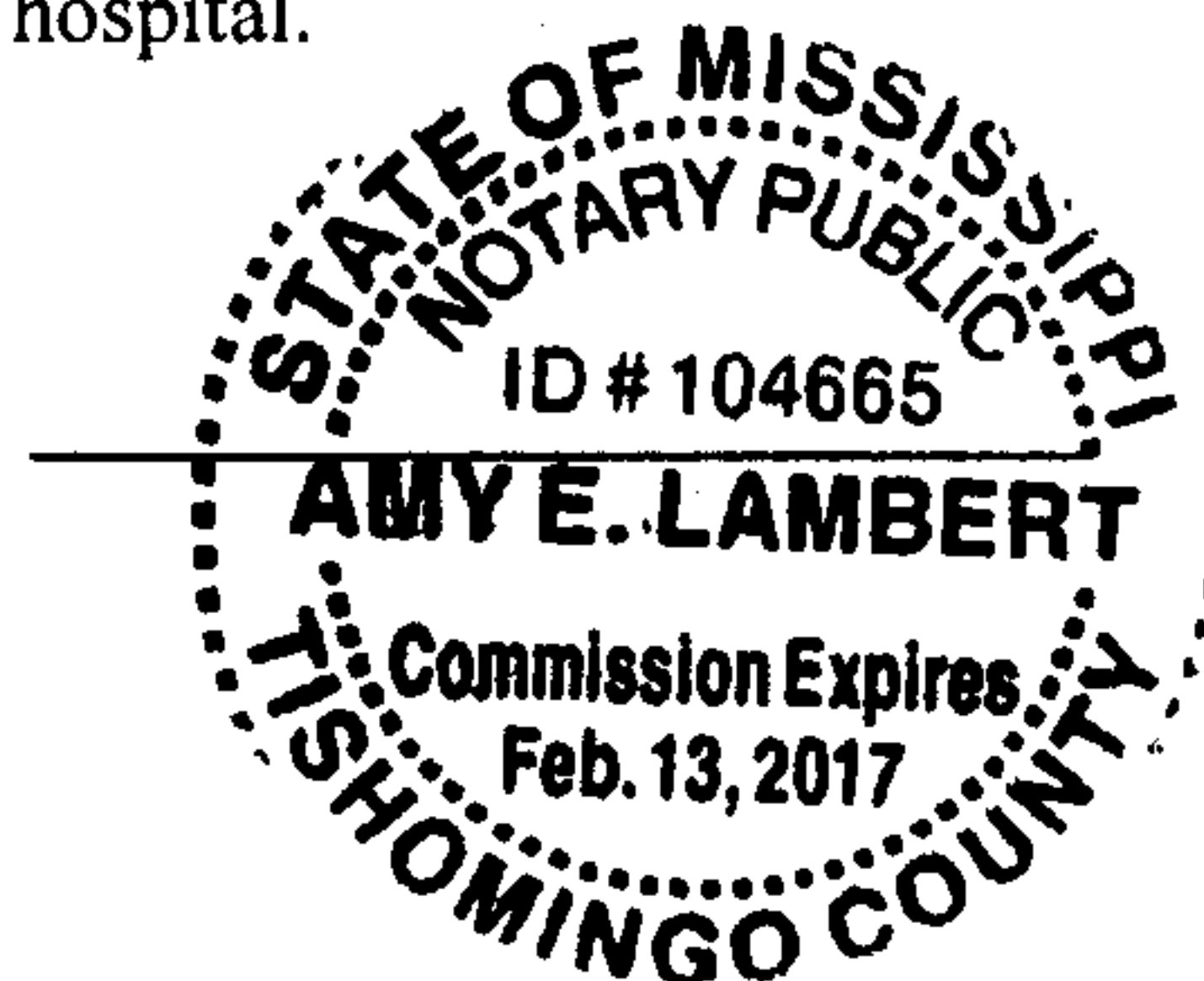
**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 8<sup>th</sup> day of Jan, 2014, 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



*[Signature]*