

**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: **April Kimmons**  
Address: **117 Lauchlin Way**  
**Columbiana, AL 35124**  
  
Admit Date: **10/24/2013**  
Discharge Date: **10/24/2013**  
Amount Due: **\$774.00**

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 - 0303986152**

**P. O. Box 660636**

**Dallas, TX 75266**

**Allstate - 0305514341**

**P.O. Box 660636**

**Dallas, TX 75266**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

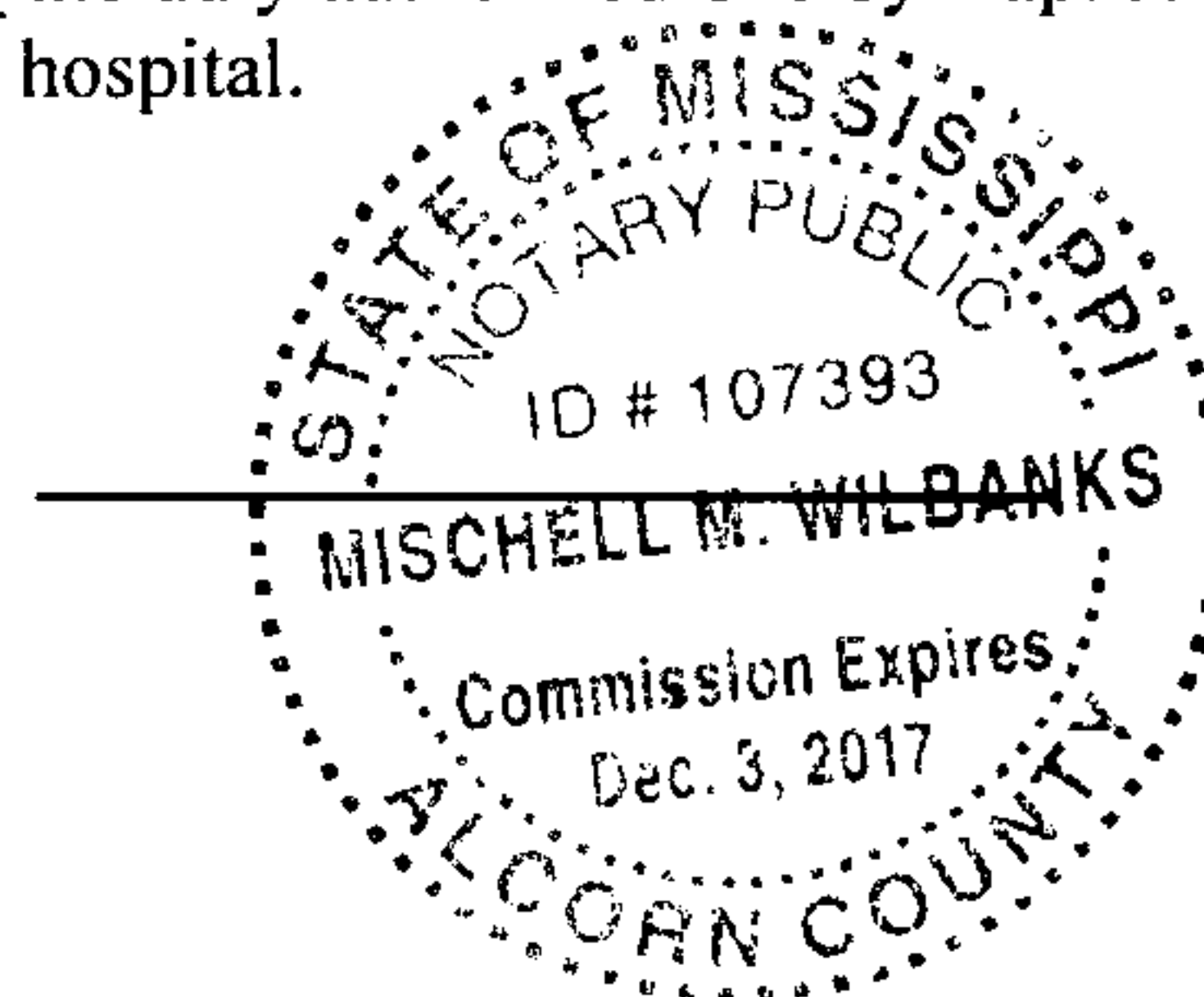
BY: \_\_\_\_\_

**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 28<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

Michelle M Wilbanks

20140203000029970 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
02/03/2014 02:29:56 PM FILED/CERT