

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

20140226000052350 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
02/26/2014 09:21:05 AM FILED/CERT

**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: **Angelia Connell**  
Address: **130 Valentine Circle**  
**Columbiana, AL 35186**  
  
Admit Date: **1/30/2014**  
Discharge Date: **1/30/2014**  
Amount Due: **\$3,092.00**

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 - 0314585720**

**P.O. Box 2874**

**Clinton, IA 52733-2874**

**State Farm Insurance - 01403F898**

**P.O. Box 106147**

**Atlanta, GA 30348-6145**

**BY:**

**Shelby Baptist Medical Center**

**Agent**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 21<sup>st</sup> day of Feb, 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



*Prepared By:*  
**Kimberlee M. Fair**  
P.O Box 1465  
Corinth, MS 38834