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20140314000071360 1/1 $14.00
Shelby Cnty Judge of Probate, AL
03/14/2014 11:42:43 AM FILED/CERT

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:	**Kayla Smith**
Address:	**348 County Road 91** **Columbiana, AL 35085**
Admit Date:	**7/28/2013**
Discharge Date:	**7/28/2013**
Amount Due:	**$2,117.25**

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:

Farmers Insurance - 8001949445

P.O. Box 268994

Oklahoma City, Ok 73126

Progressive Insurance - 131834227

P.O. Box 512926

Los Angeles, CA 90051

Shelby Baptist Medical Center

BY: Austin Gray

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 10th day of March, 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: STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires Feb. 13, 2017 TISHOMINGO COUNTY

NOTARY PUBLIC Amy E. Lambert