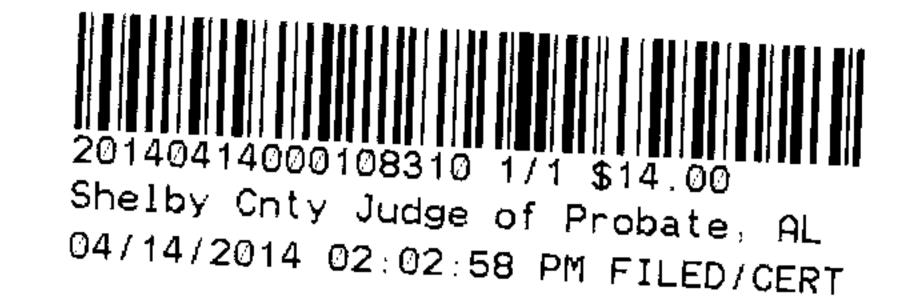
TO: Shelby County Probate Office

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: Miguel Cruz

Address: 3860 Rocker Boulevad

Columbiana, AL 36330

 Admit Date:
 1/18/2014

 Discharge Date:
 1/18/2014

 Amount Due:
 \$6,373.00

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:

State Farm - 01397H073
P. O. Box 106145
Atlanta, GA 30348

STATE OF MISSISSIPPI

COUNTY OF ALCORN

Shelby Baptist Medical Center
BY:

MY COMMISSION EXPIRES:

MISCHELL M. WILBANKS

Commission Expires

Dec. 3, 2017

NOTARY PUBLIC

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834

Middell Milleballs