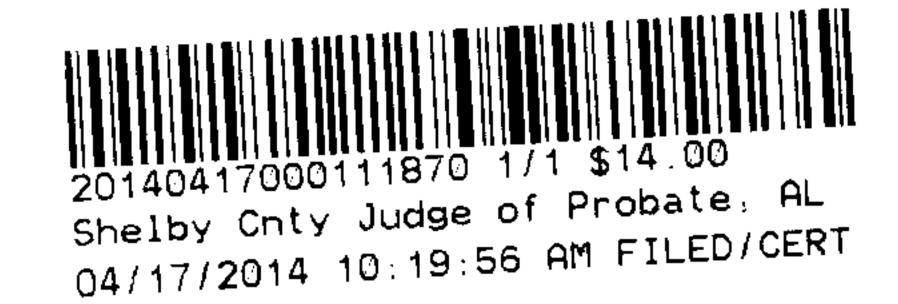
Shelby County Probate Office TO:

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:

Imogene Calloway

Address:

Po Box 737

Columbiana, AL 35148

Admit Date:

10/25/2013

Discharge Date:

10/25/2013

Amount Due:

\$6,704.00

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:

Nationwide Insurance - 118823GA

3300 SW Williston Rd

Gainesville, FL 32608

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 14'

: MISCHELL M. WILBANKS :

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

Present of B. S. Kimberlee M. Fair

P.O Box 1465

Shelby Baptist Medical Center

**X**gent

Corinth, MS 38834