

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

20140421000114720 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
04/21/2014 08:42:37 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: **Joshua Cornell**  
Address: **644 County Road 103**  
**Columbiana, AL 35046**  
Admit Date: **4/3/2014**  
Discharge Date: **4/3/2014**  
Amount Due: **\$664.00**

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:

**Metlife Insurance - TAC99325**  
**Claims Injury Department P O Box 30018**  
**Tampa, FL 33630**  
**USAA - 012035198**  
**P. O. Box 26001**  
**Daphne, AL 36256**

BY:

**Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 15<sup>th</sup> day of April, 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



Mischell M. Wilbanks

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