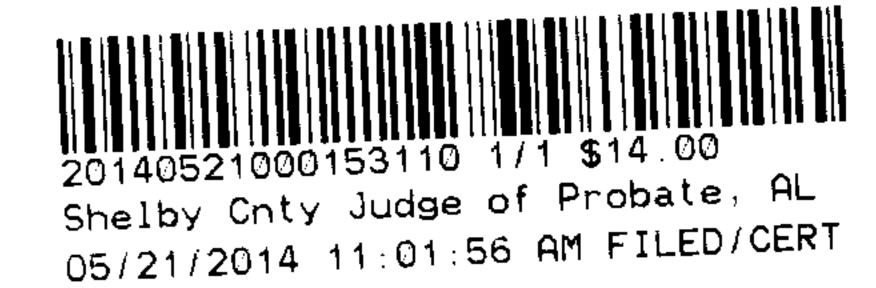
Shelby County Probate Office TO:

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:

Shelene Connell

Address:

Po Box 115

Columbiana, AL 36750

Admit Date:

10/16/2013

Discharge Date:

10/16/2013

Amount Due:

\$11,792.00

ID # 107393

MISCHELL M. WILBANKS

. Commission Expires.

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:

Auto Owners - 37-4098-2013

P. O. Box 244017

Montgomery, AL 36124

Progressive Insurance - 142705617

P.O. Box 512926

Los Angeles, CA 90051

	BY: Shelby Baptist Medical Center	
STATE OF MISSISSIPPI		
COUNTY OF ALCORN	Agent	
The foregoing statement was acknowled the provider for and on behalf of said hos	vledged and verified before me this day of May. 2014, by e duly authorized Shelby Baptist Medical Center of the above named health care spital.	
MY COMMISSION EXPIRES:	NOTARY PUBLIC MMISSIS	Meldeds

NOTARY PUBLIC

Prepared Buy Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834