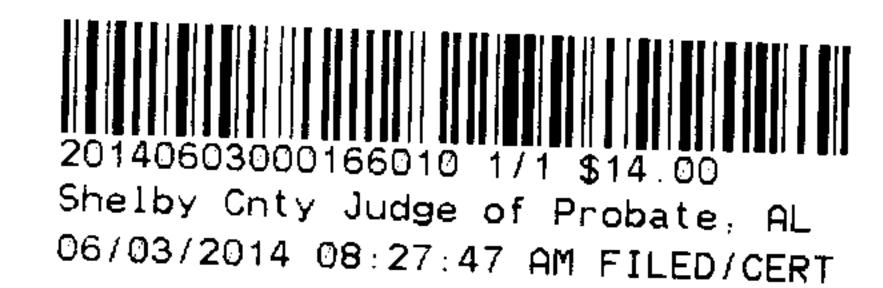
TO:

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 604 Stone Avenue Talladega, AL 35160, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Alice Emery

Address:

304 Greenwood Ave

Columbiana, AL 30165

Admit Date:

4/19/2014

Discharge Date:

4/19/2014

Amount Due:

\$5,629.00

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 - 01442Z639

P. O. Box 106145

Atlanta, Ga 30348

am i mri ori i Magigainni

BY:

Citizens Baptist Medical Center

STATE OF MISSISSIPPI

**COUNTY OF ALCORN** 

Agent

The foregoing statement was acknowledged and verified before me this day of day of the duly authorized Citizens Baptist Medical Center of the above named health care

ID # 107393

MISCHELL M. WILBANKS

Commission Expires.

provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Prepared B. Kimberlee M. Fair P.O Box 1465

Corinth, MS 38834

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