

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

20140605000169580 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
06/05/2014 08:13:29 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: **Joseph McCool**
Address: **36 Oak Dale Drive**
Columbiana, AL 35115
Admit Date: **2/19/2014**
Discharge Date: **2/19/2014**
Amount Due: **\$1,757.00**

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:

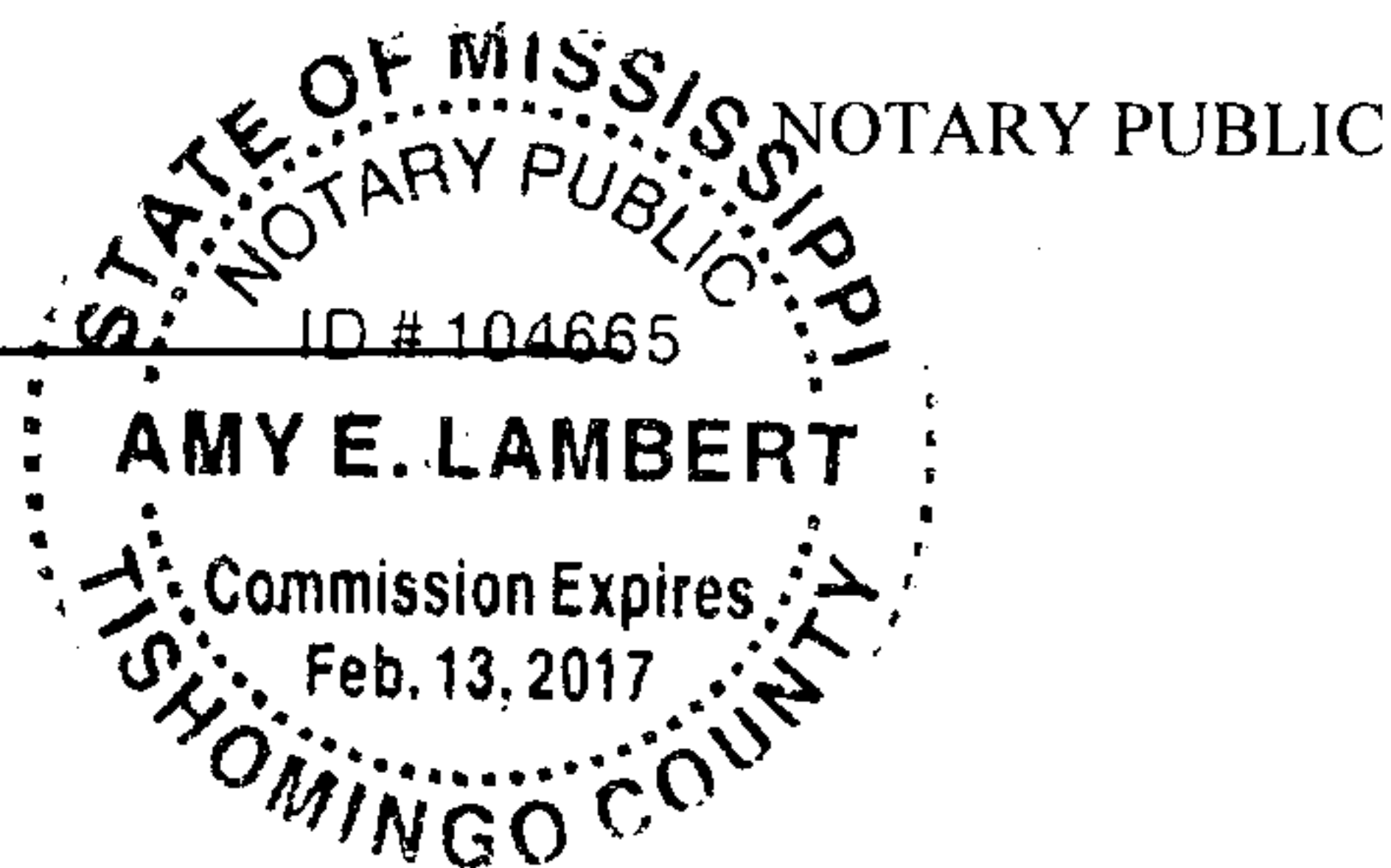
Safeway Insurance - 1057369-AL
4200 Colonnade Parkway, Ste 100
Birmingham, AL 35243

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: *Austin Gray* **Shelby Baptist Medical Center**
Agent

The foregoing statement was acknowledged and verified before me this 20th day of May, 2014, by *Austin Gray* the duly authorized Shelby Baptist Medical Center of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



Amy E. Lambert

Austin Gray
P.O Box 1465
Corinth, MS 38834