


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


20140623000190160 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
06/23/2014 02:04:40 PM 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: **April Stalker**
Address: **P O Box 132**
Columbiana, AL 36442
Admit Date: **5/4/2014**
Discharge Date: **5/4/2014**
Amount Due: **\$2,229.00**

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 - 543241GA
3300 Williston road
Gainesville, FL 32608

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 17th day of June, 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



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