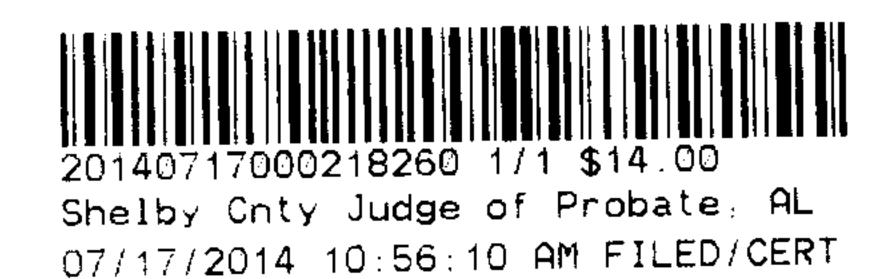
TO: Shelby County Probate Office

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 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:

Lynn Ernest

Address:

261 Savannah Drive

Columbiana, AL 40475

Admit Date:

6/6/2014

Discharge Date:

6/6/2014

Amount Due:

\$5,109.00

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 - 014M17163

P. O. Box 106145

Atlanta, GA 30348

State Farm - 01474Z950

P. O. Box 661031

Dallas, TX 75266

Shelby Baptist Medical Center

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

3th Till

The foregoing statement was acknowledged and verified before me this // day of // day of // 2014, by the duly authorized Shelby 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

Frujoused E. Kimberlee M. Fair

P.O Box 1465

Corinth, MS 38834