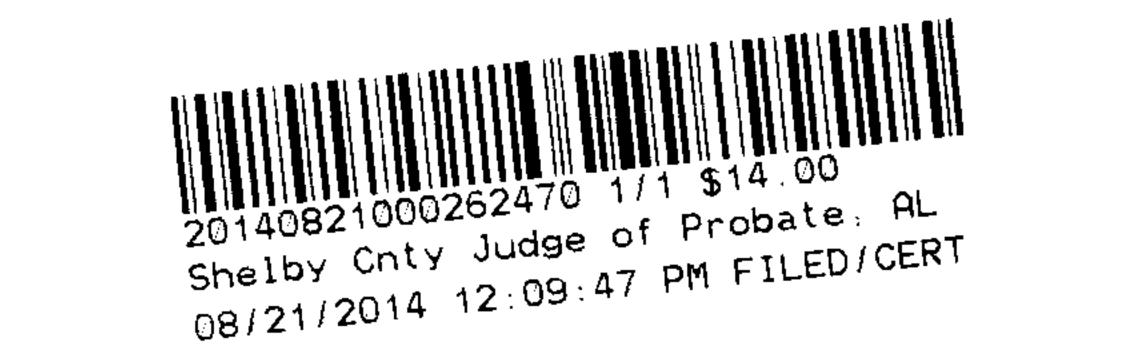
**TO:** Shelby County Probate Office

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: Suhmeko Robinson

Address: 321 Marietta Church Drive

Columbiana, AL 36756

Admit Date: 10/25/2013

Discharge Date: 10/25/2013

Amount Due: \$2,191.00

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 - 120910-GA

P.O. Box 93863

Cleveland, OH 44101

Shelly Baptist Medical Center

BY:

STATE OF MISSISSIPPI

COUNTY OF ALCORN

ID # 107393

MISCHELL M. WILBANKS

. Commission Expires.

provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC (

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