

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

20141006000312760 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
10/06/2014 02:10:28 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 System, 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: **Hazen Dismukes**  
Address: **3800 Highway 20**  
**Columbiana, AL 35040**  
  
Admit Date: **9/11/2014**  
Discharge Date: **9/11/2014**  
Amount Due: **\$660.00**

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 - 014Z46082**  
**P. O. Box 106145**  
**Atlanta, GA 30348**  
  
**State Auto - AU-119997**  
**P. O. Box 182822**  
**Columbus, OH 43218**

BY: \_\_\_\_\_

**Shelby Baptist Medical Center**

STATE OF MISSISSIPPI

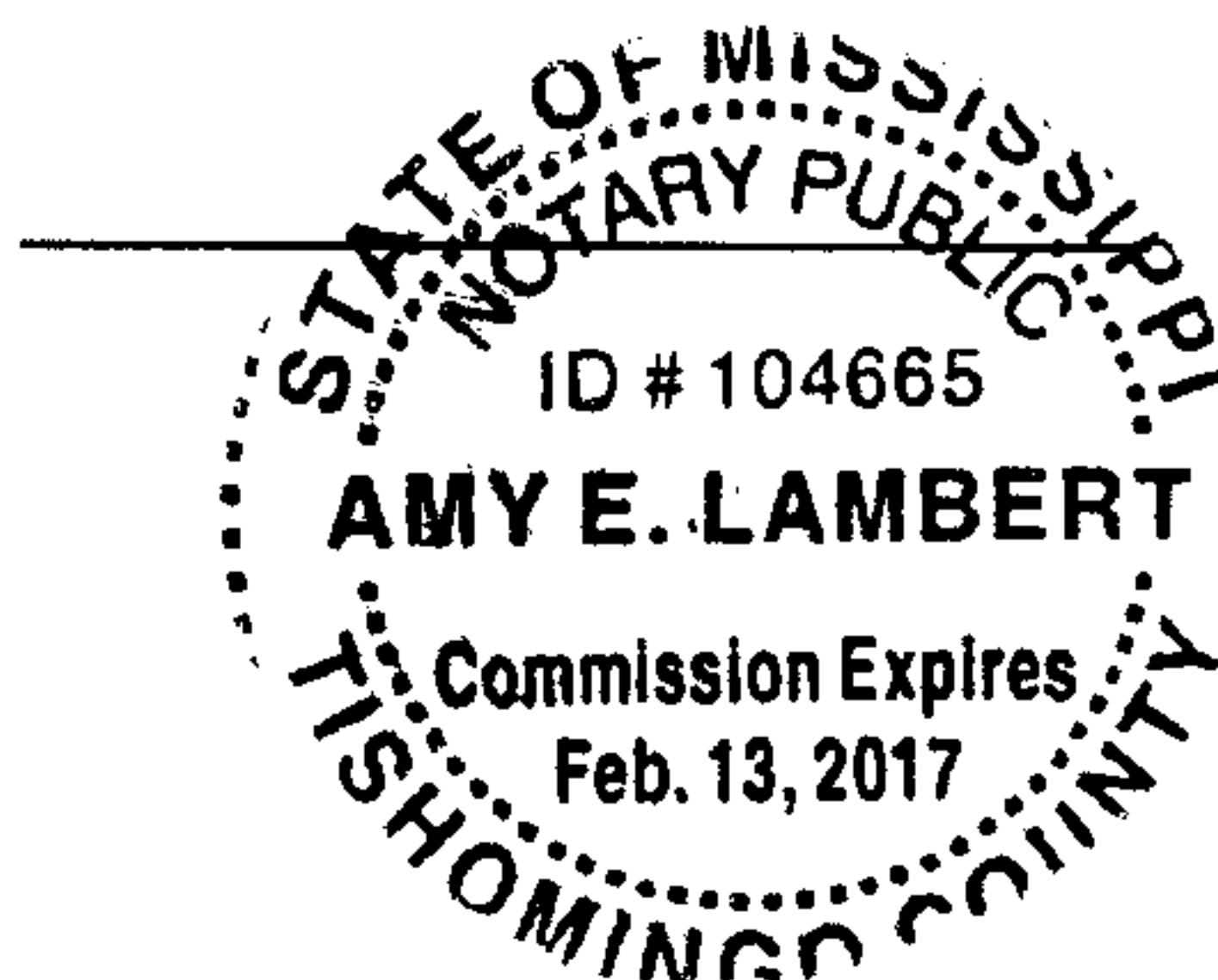
COUNTY OF ALCORN

Agent

The foregoing statement was acknowledged and verified before me this 30<sup>th</sup> day of Sept, 2014, by Kim Fair the duly authorized Shelby Baptist Medical Center of the abovesaid health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY PUBLIC



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