

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



20141020000330770 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
10/20/2014 11:45:53 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 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: **Antonio Lovejoy**
Address: **1215 Kensington Boulevard**
Calera, AL 35040
Admit Date: **7/15/2014**
Discharge Date: **7/15/2014**
Amount Due: **\$9,503.00**

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 - 772121GA
One Nationwide Gateway, Dept. 5578
Des Moines, IA 50391-5578

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 15th day of October, 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



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