


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

  
20141124000370740 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
11/24/2014 03:19:41 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: **Mary Jeffreys**  
Address: **2401 Chandabrook Drive**  
**Pelham, AL 35124**  
  
Admit Date: **9/16/2014**  
Discharge Date: **9/16/2014**  
Amount Due: **\$8,971.00**

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 - 01525W916**

**P.O. Box 106145**

**Atlanta, GA 30348**

**State Farm Insurance - 015C10792**

**P.O. Box 106145**

**Atlanta, GA 30348**

STATE OF MISSISSIPPI

COUNTY OF ALCORN

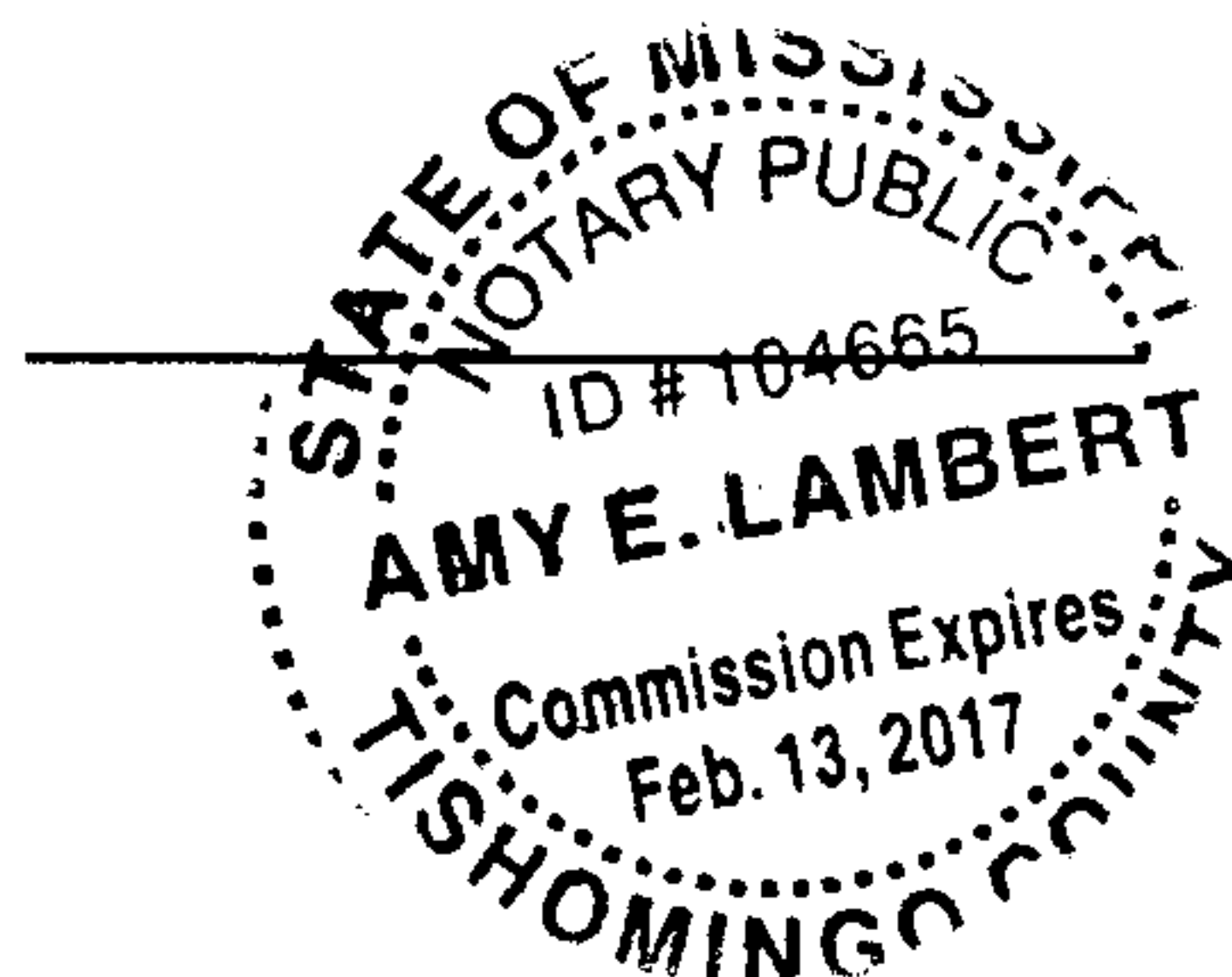
BY: \_\_\_\_\_

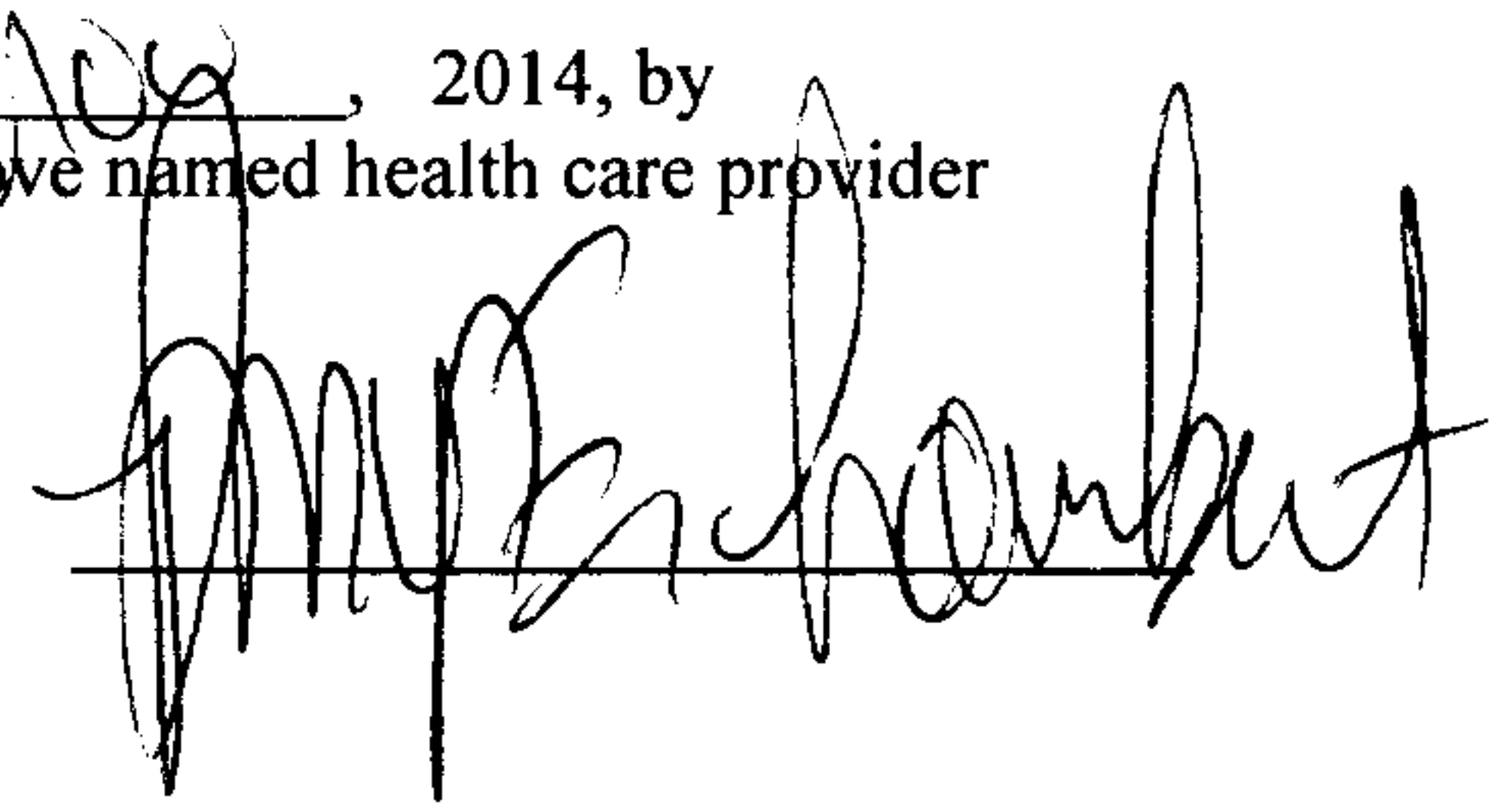
  
**Shelby Baptist Medical Center**  
Agent

The foregoing statement was acknowledged and verified before me this 18<sup>th</sup> day of NOV, 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