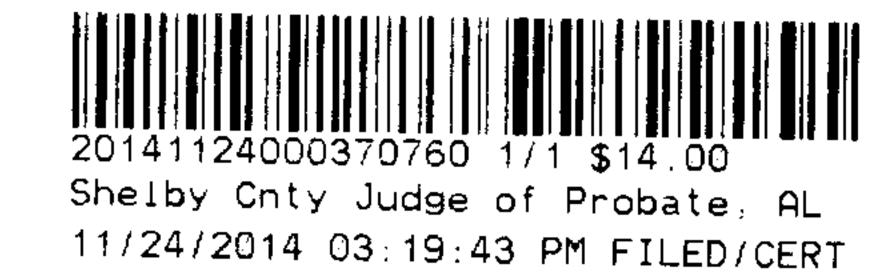
TO: Shelby County Probate Office

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 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: Sandra Miller

Address: 503 Huntley Apt Drive

Pelham, AL 35124

Admit Date: 1/8/2014

Discharge Date: 1/13/2014

Amount Due: \$60,276.99

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:

GEICO - 0244533490101033

One GEICO Center

Macon, GA 31296

SH

Shelby Baptist Medical Center

(Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

(M)

ID # 104665

AMY E. LAMBERT

. Commission Expires

BY:

for and on behalf of said hospital.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

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