


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


20141201000376140 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
12/01/2014 12:23:00 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: **Christopher Strength**
Address: **P O Box 1189**
Montevallo, AL 35115

Admit Date: **11/8/2014**
Discharge Date: **11/8/2014**
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:

21st Century Insurance - 3002070123

P.O. Box 268994

Oklahoma City, OK 73126

Geico Insurance - 0476921610101026

One Geico Center

Macon, GA 31296

STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

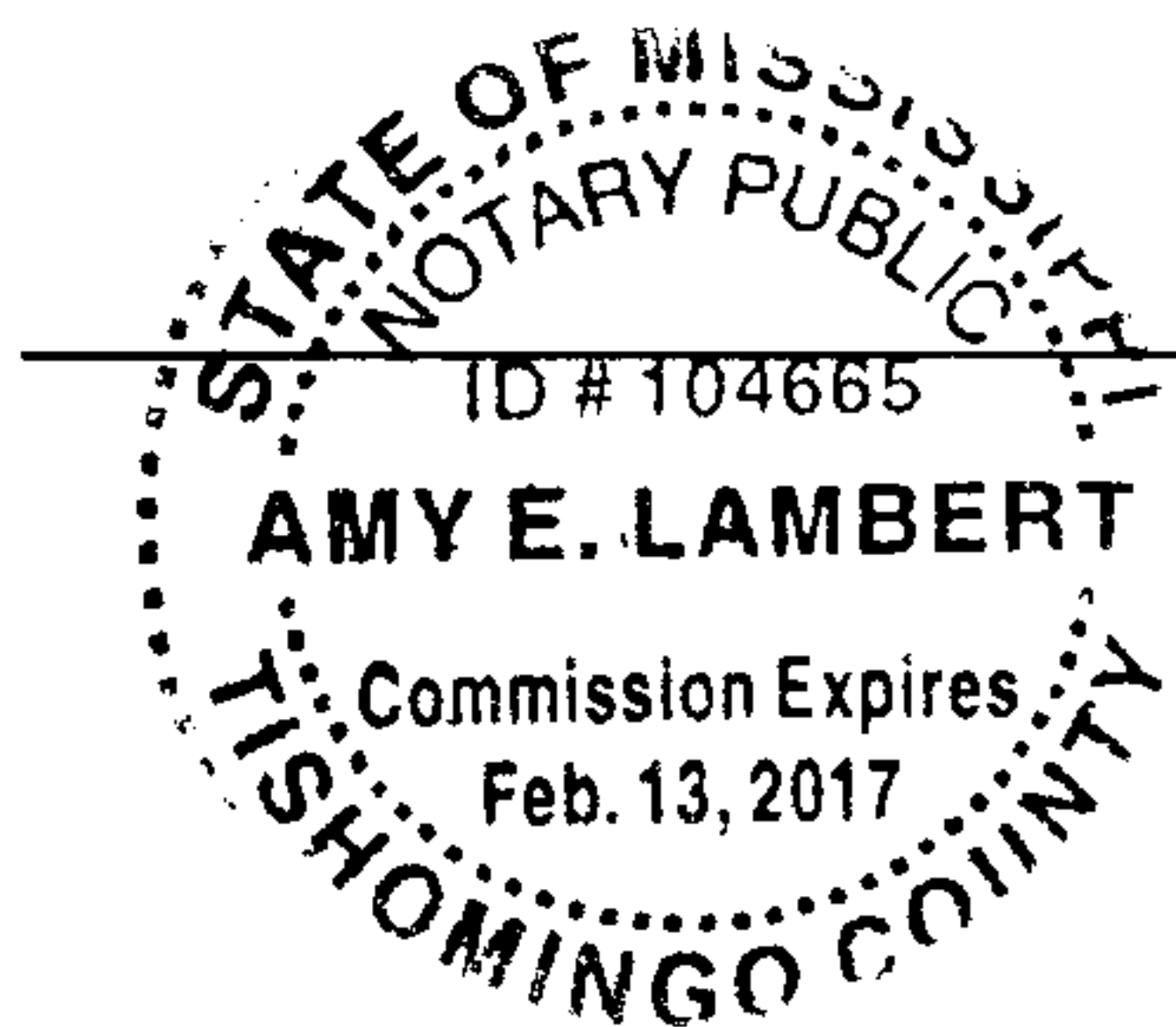
Shelby Baptist Medical Center

[Signature]
Agent

The foregoing statement was acknowledged and verified before me this 25th day of Nov, 2014, by *[Signature]* 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



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