

**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: **Dusty Negron**  
Address: **562 Treymoor Lake Circle**  
**Alabaster, AL 35007**  
  
Admit Date: **7/30/2014**  
Discharge Date: **7/30/2014**  
Amount Due: **\$4,569.00**

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 Insurance - 014S85216**  
**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 2nd day of Dec, 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



20141215000392890 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
12/15/2014 02:47:42 PM FILED/CERT

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