

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

20150202000033530 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
02/02/2015 10:52:19 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 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: **Tina Hutchinson**  
Address: **2036 Shebia Drive**  
**Hoover, AL 35216**  
  
Admit Date: **12/4/2014**  
Discharge Date: **12/4/2014**  
Amount Due: **\$7,916.00**

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:

**USAA - 8956519-015**  
**P.O. Box 26001**  
**Daphne, AL 36526**  
  
**Allstate Insurance - 0351717509**  
**P.O. Box 2874**  
**Clinton, IA 52733**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY:

**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 21st day of Jan, 2015, by Kimberlee M. 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