

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



20150202000033540 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
02/02/2015 10:52:20 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: **12/3/2014**
Discharge Date: **12/3/2014**
Amount Due: **\$9,996.00**

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:

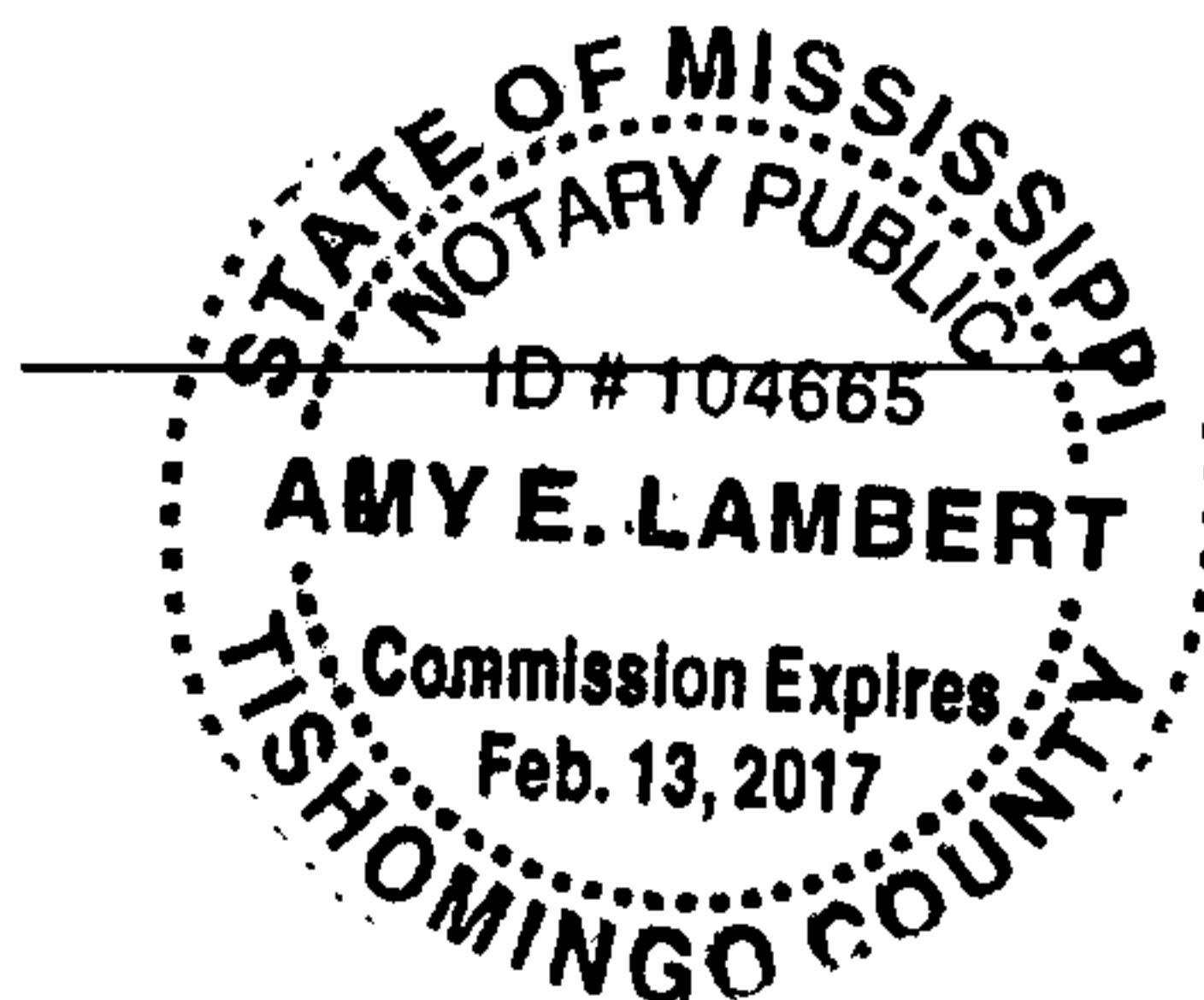
Shelby Baptist Medical Center

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