

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

20150629000218390 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
06/29/2015 03:26:33 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 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: **Jacqueline McCaffery**
Address: **Lot 6 Peavine Trailer Park**
Alabaster, AL 35007
Admit Date: **10/28/2014**
Discharge Date: **10/28/2014**
Amount Due: **\$1,558.00**

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:

Liberty Mutual - 030859570
P.O. BOX 7230
LONDON, KY 40742

STATE OF MISSISSIPPI
COUNTY OF ALCORN

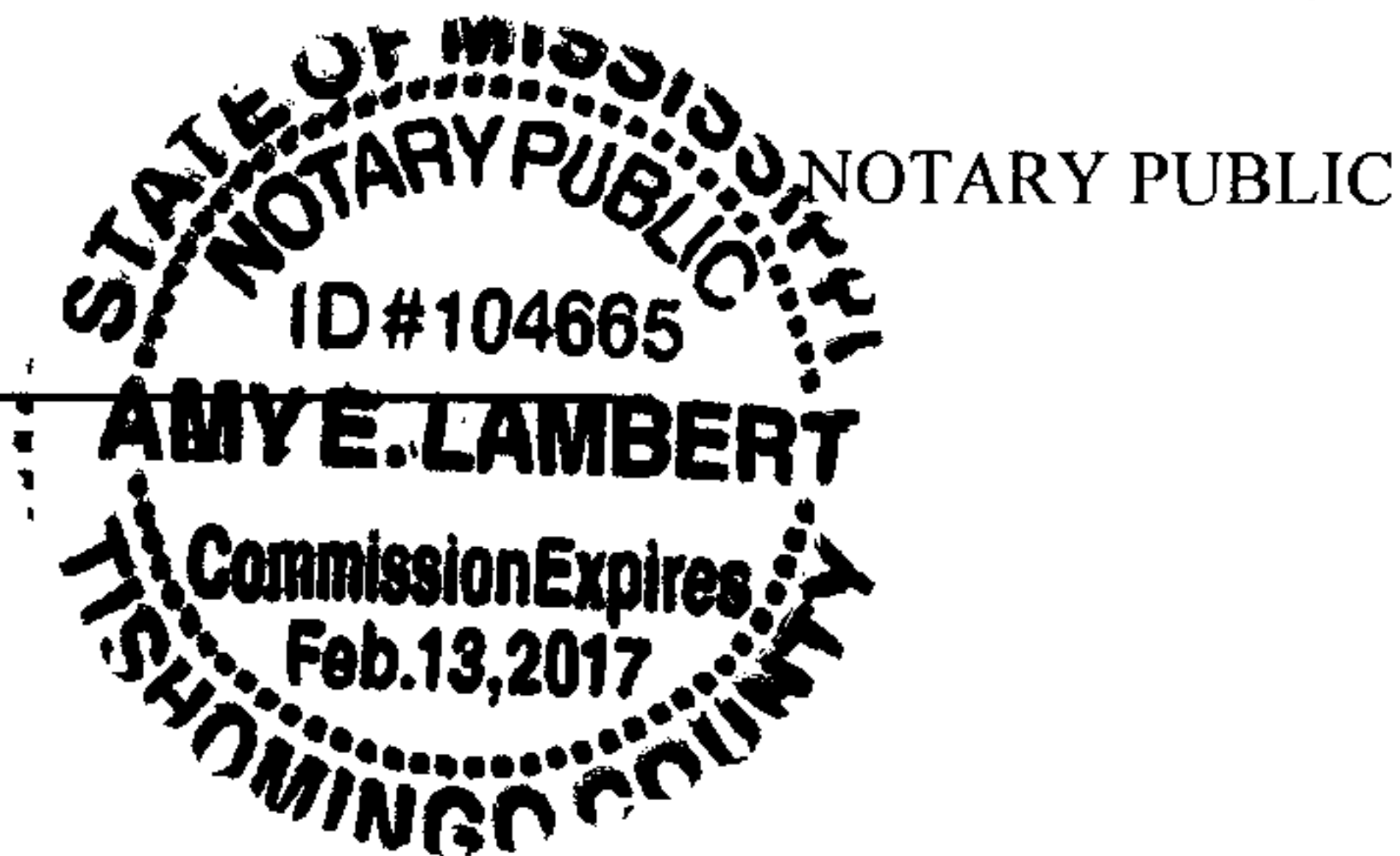
BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this Jun 23, 2015, by Kimberlee M. Fair the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



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