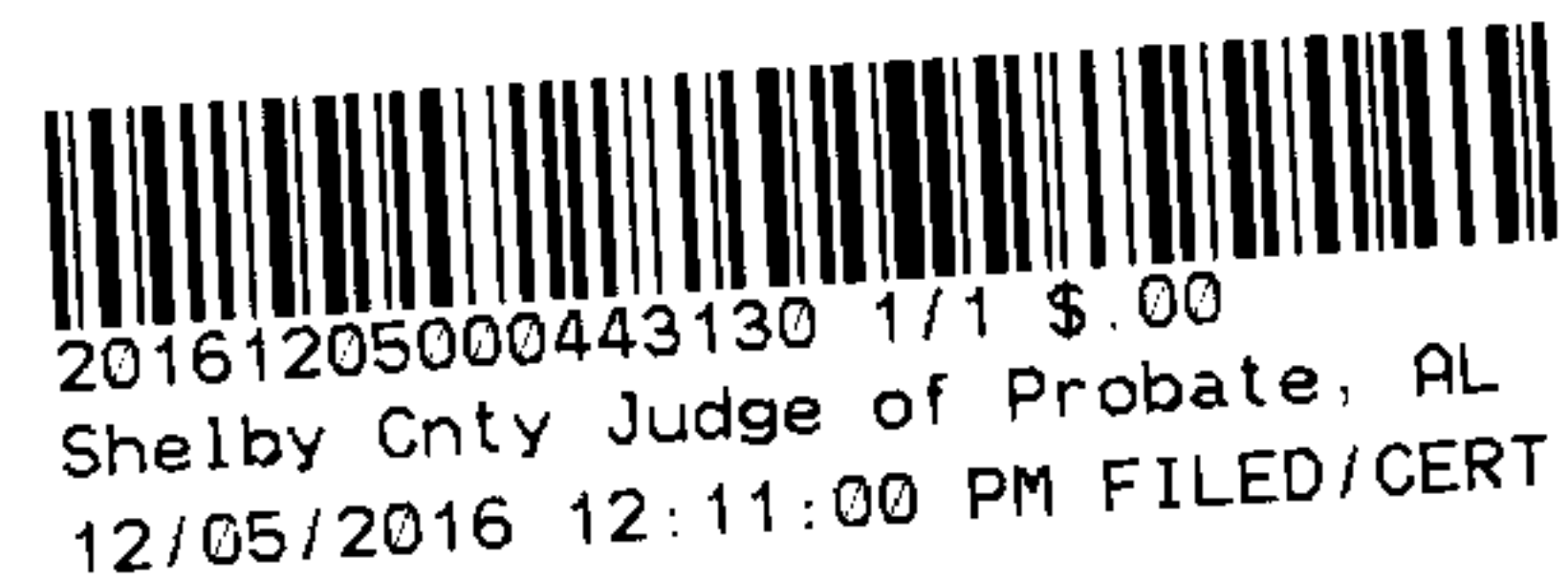


**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

**NOTICE OF AMENDED HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that 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: **Jerry Gilliland**  
Address: **79 County Road 1050**  
**Jemison, AL 35085**  
Admit Date: **8/7/2016**  
Discharge Date: **8/7/2016**  
Amount Due: **\$3,406.00**



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:

**Safeway Insurance - 1082937AL**  
**4200 Colonnade Parkway Suite 100**  
**Birmingham, AL 35243**

BY:

  
**Shelby Baptist Medical Center**

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Nov 30, 2016, 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:

NOTARY PUBLIC



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