

**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 604 Stone Avenue Talladega, AL 35160, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Armetria Kelley**  
Address: **48 Keller Lane**  
**Vincent, AL 35178**  
Admit Date: **04/07/2018**  
Discharge Date: **04/07/2018**  
Amount Due: **1,396.00**

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:

**Geico Insurance - 0235445210101030**  
**One Geico Center**  
**Macon, GA 31296**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

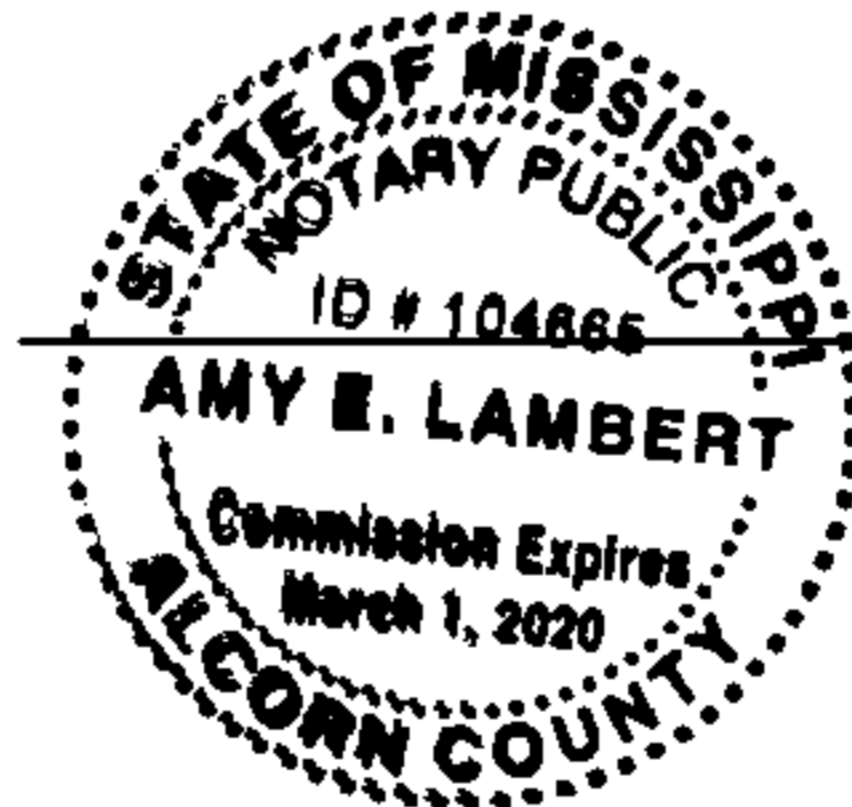
BY:

**Citizens Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this Jun 6, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC

A handwritten signature in black ink, likely belonging to Amanda White, the authorized agent of the health care provider.

20180612000208070 1/1 \$ .00  
Shelby Cnty Judge of Probate, AL  
06/12/2018 03:39:31 PM FILED/CERT

Prepared by:  
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