

**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:	<b>Taylor Perkins</b>
Address:	<b>P. O. Box 171</b>
	<b>Cawood, KY 40815</b>
Admit Date:	<b>1/3/2015</b>
Discharge Date:	<b>1/3/2015</b>
Amount Due:	<b>\$997.00</b>

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:

**Nationwide - 279860GB**  
**PO Box 10405**  
**Des Moines, , IA 50306**  
**KY Farm Bureau - 03908205**  
**PO Box 20600**  
**Louisville, KY 40250**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

**BY:**

**Shelby Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this 24<sup>th</sup> day of Feb, 2015, by Kim 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**



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Shelby Cnty Judge of Probate, AL  
02/27/2015 11:03:58 AM FILED/CERT