


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: **Kayla Mills**
Address: **4931 Highwat 22**
Montevallo, AL 35115
Admit Date: **12/12/2014**
Discharge Date: **12/15/2014**
Amount Due: **\$1,774.24**


20150501000142980 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
05/01/2015 11:00:53 AM FILED/CERT

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:

State Farm Insurance - 01572J432
Claims Department P O Box 106145
Atlanta, GA 30348-6145

STATE OF MISSISSIPPI
COUNTY OF ALCORN

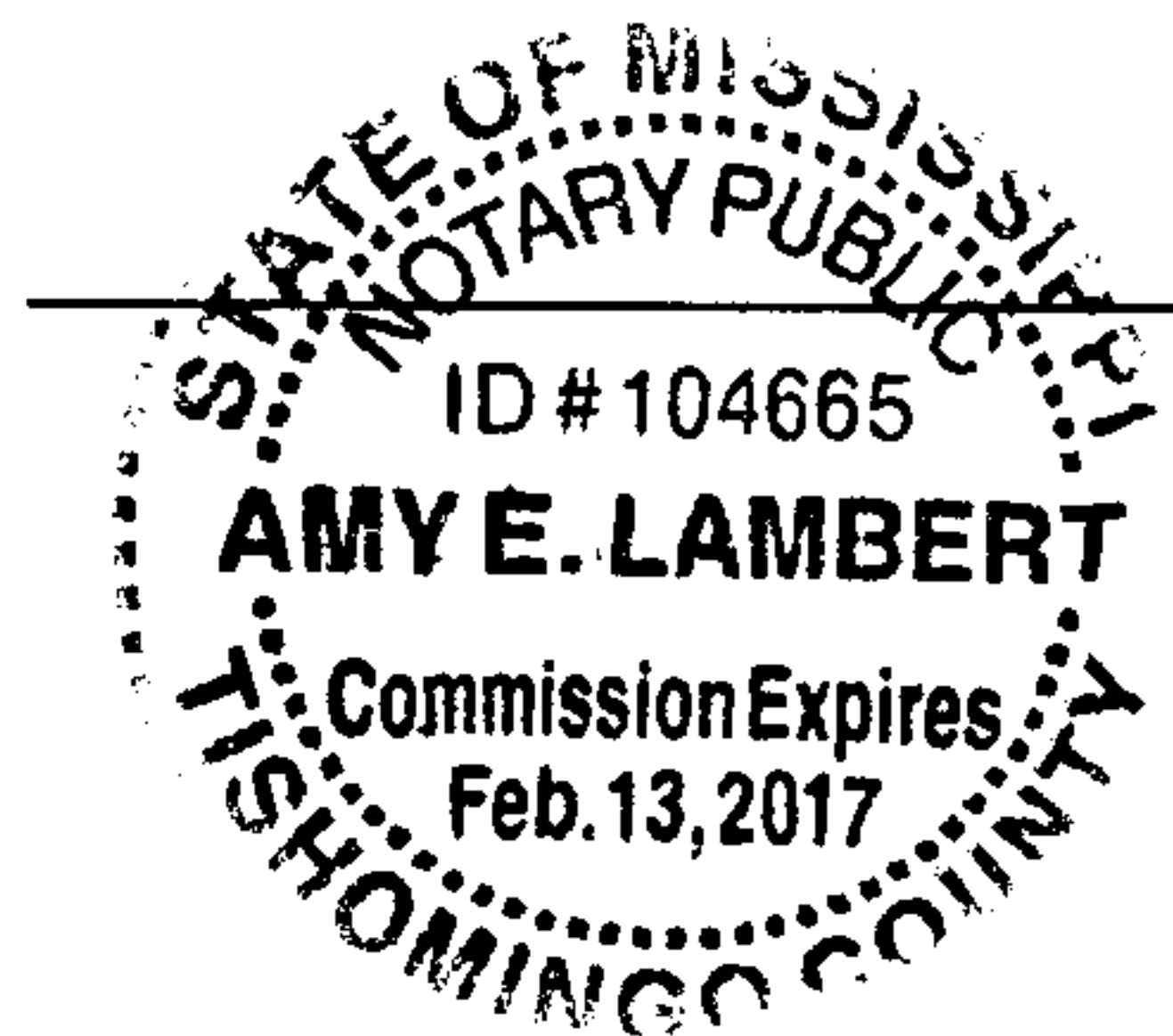
BY:


Shelby Baptist Medical Center
Agent

The foregoing statement was acknowledged and verified before me Tuesday, April 28, 2015, by Kimberlee M. Fair the duly authorized Hospital 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