


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

  
20160815000289810 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
08/15/2016 11:10:48 AM 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 3400 US Highway 78, East Jasper, AL 35501, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

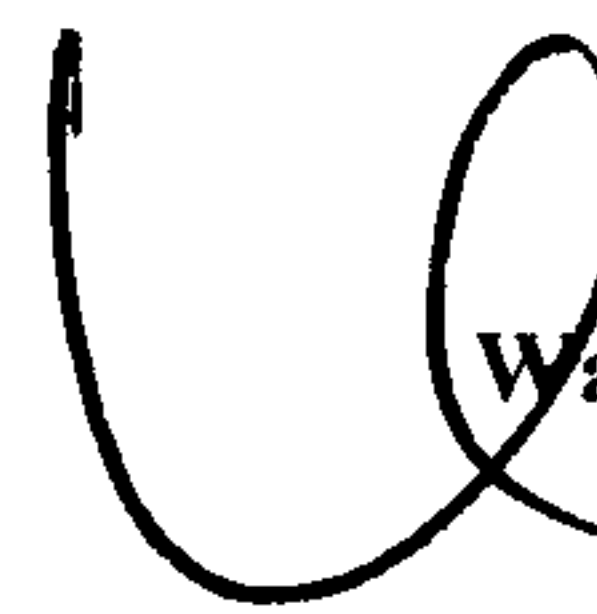
Patient's Name: **Jackson Young**  
Address: **107 Waxahatchee Road**  
**Shelby, AL 35143**  
Admit Date: **6/17/2016**  
Discharge Date: **6/17/2016**  
Amount Due: **\$3,929.16**

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:

**CMI Insurance - 7817260**  
**P.O. Box 14731**  
**Lexington, KY 40512**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

BY:



**Walker Baptist Medical Center**

Agent

The foregoing statement was acknowledged and verified before me this Aug 12, 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

