

STATE OF ALABAMA                     )  
OFFICE OF THE JUDGE OF PROBATE    )  
COUNTY OF Shelby                    )

20061222000625770 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
12/22/2006 03:17:47PM FILED/CERT

**NOTICE OF AMENDED HOSPITAL LIEN**  
(Amending lien filed 9/7/06 as 20060907000442450)

Notice is hereby given by Shelby Baptist Medical Center located at 1000 First Street North, Alabaster, AL 35007, operated by Baptist Health System located at 3201 4th South, Birmingham, AL, that Shelby Baptist Medical Center has furnished reasonable and necessary hospital care, treatment and/or maintenance to:

Gloria Young  
475 County Road 116  
Montevallo, AL 35115-9248

from 7/30/2006 to 11/9/2006 and that the amount due for the services is \$ 3,502.00.


The person(s), firm(s), or corporation(s) claimed by the patient or his/her representative to be liable for damages arising from the illness or injuries by the hospital are:

State Farm Insurance  
P.O. Box 20707  
Murfreesboro, TN 37129  
Claim # 016720343

A lien is hereby created by the hospital upon any and all actions, claims, counterclaims, and demands accruing to the patient on account of the injuries which necessitated such hospital care and upon all judgments, settlements, and settlement agreements entered into on account of the injuries which necessitated such hospital care, all in accordance with the provisions of Alabama Statutes Annotated §35-11-370, et seq.

Shelby Baptist Medical Center

Prepared By:

  
Matthew A. Piatko  
Medical Reimbursements of America, LLC  
o/b/o Shelby Baptist Medical Center  
117 Seaboard Lane, Suite D100  
Franklin, TN 37067  
(615) 963-3871

STATE OF TENNESSEE  
COUNTY OF WILLIAMSON

The foregoing statement was acknowledged and verified before me, on December 17, 2006, by Matthew A. Piatko, the duly authorized agent/operator of Shelby Baptist Medical Center, for an on behalf of said hospital.

My Commission Expires:

9-22-07

Notary Public

