

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 Health Care Authority of the 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: **Danielle Knight**
Address: **36 Oakdale Drive**
Montevallo, AL 35115

Admit Date: **8/25/2014**
Discharge Date: **8/25/2014**
Amount Due: **\$3,030.00**

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:

State Farm - 01515D020
P. O. Box 106145
Atlanta, GA 30348

STATE OF MISSISSIPPI
COUNTY OF ALCORN

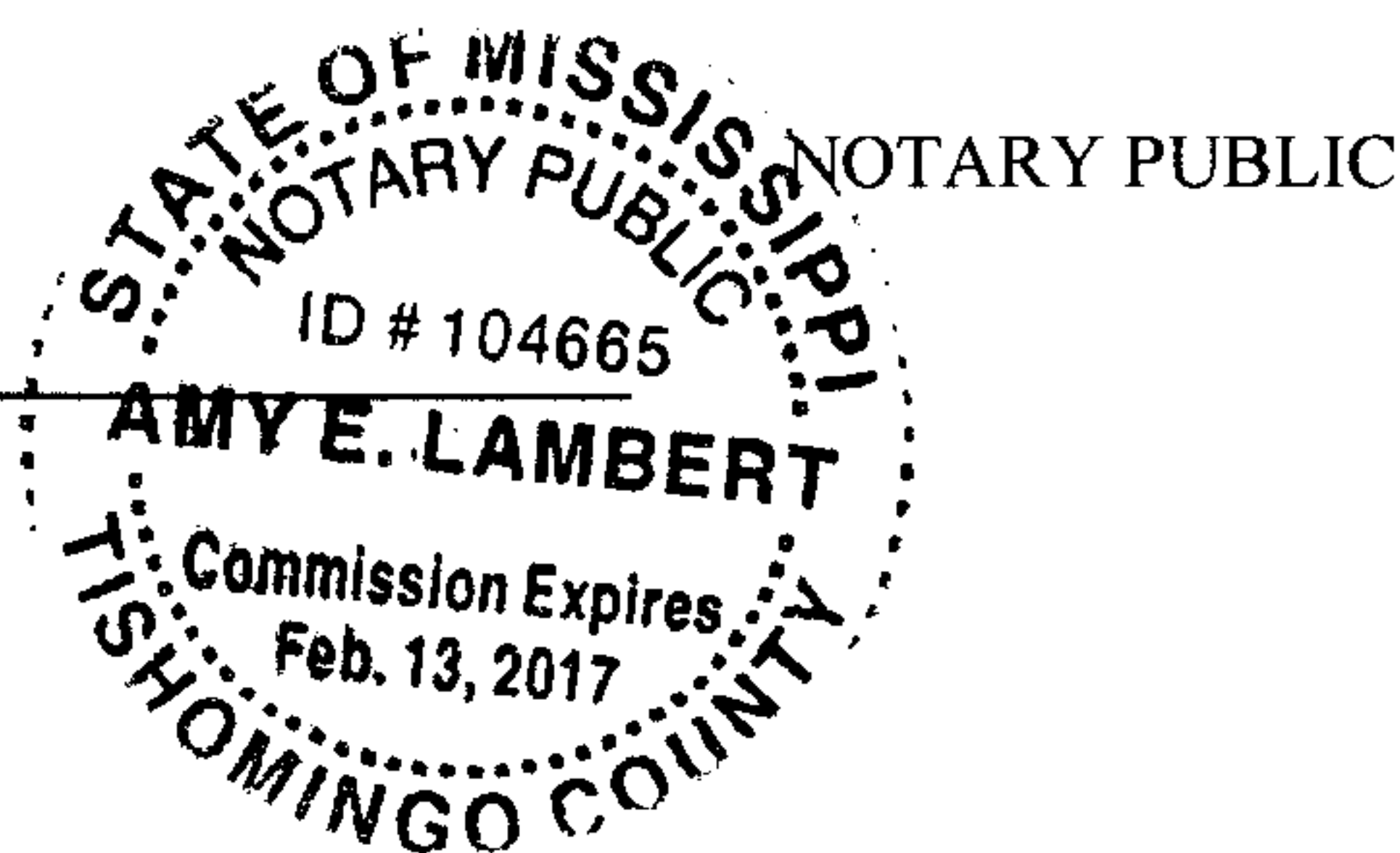
BY: _____

Shelby Baptist Medical Center

Agent

The foregoing statement was acknowledged and verified before me this 17th day of October, 2014, by Kimberlee M. 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: _____



20141114000359120 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
11/14/2014 10:53:54 AM FILED/CERT

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834