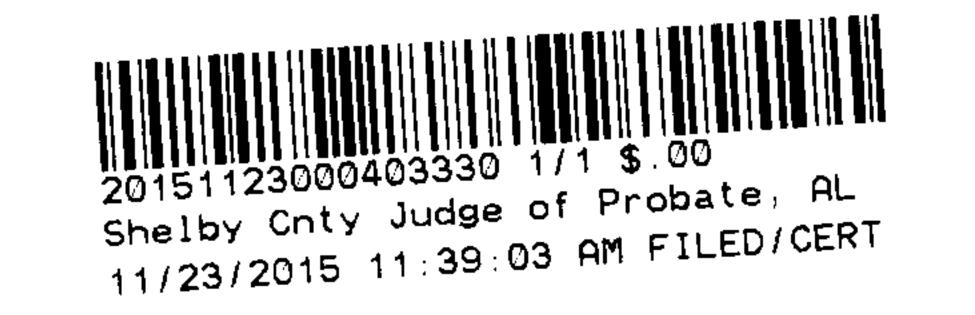
TO: Shelby County Probate Office

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: Kenneth Johnson

Address: 88 Keller Lane

Vincent, AL 35178

Admit Date: 10/27/2015

Discharge Date: 10/27/2015

Amount Due: \$1,852.20

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:

BY:

State Farm Insurance - 017L15100

P.O. Box 106145

Atlanta, GA 30348

Nationwide Insurance - 286677GC

P.O. Box 26005

Daphne, AL 36526-5005

Strelby Baptist Medical Center

Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Nov 17, 2015, by Kimberlee M. Fair the day authorized agent of the above named health care provider for and on behalf of said hospital.

APRILS. SIMS

MY COMMISSION EXPIRES:

NOTARY PUBLIC