

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

**NOTICE OF AMENDED HOSPITAL LIEN**

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Marisa Baldwin.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

|                                       |   |
|---------------------------------------|---|
| Name of Patient:                      | <b>Marisa Baldwin</b>                                       |
| Address of Patient:                   | <b>180 Us Highway 98 Apartment 321<br/>Daphne, AL 36526</b> |
| Name of Hospital/Operator Thereof:    | <b>Baptist Health System, Inc.</b>                          |
| Address of Hospital/Operator Thereof: | <b>1000 1st Street North<br/>Alabaster, AL 35007</b>        |
| Date of Admission:                    | <b>11/27/2019</b>   |
| Date of Discharge:                    | <b>11/28/2019</b>   |
| Amount Due:                           | <b>150.00</b>   |

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:

Metlife Insurance - SLN87290

PO Box 6040

Scranton, PA 18505-6040

This lien shall be enforced upon all claims accruing to Marisa Baldwin and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

**Derek Simms  
Simms and Associates  
608 37th Street South  
Birmingham, AL 35222**

Prepared by:  
Courtney B. Smith, Esq.  
514 Waldron St.  
Corinth, MS 38834

By:

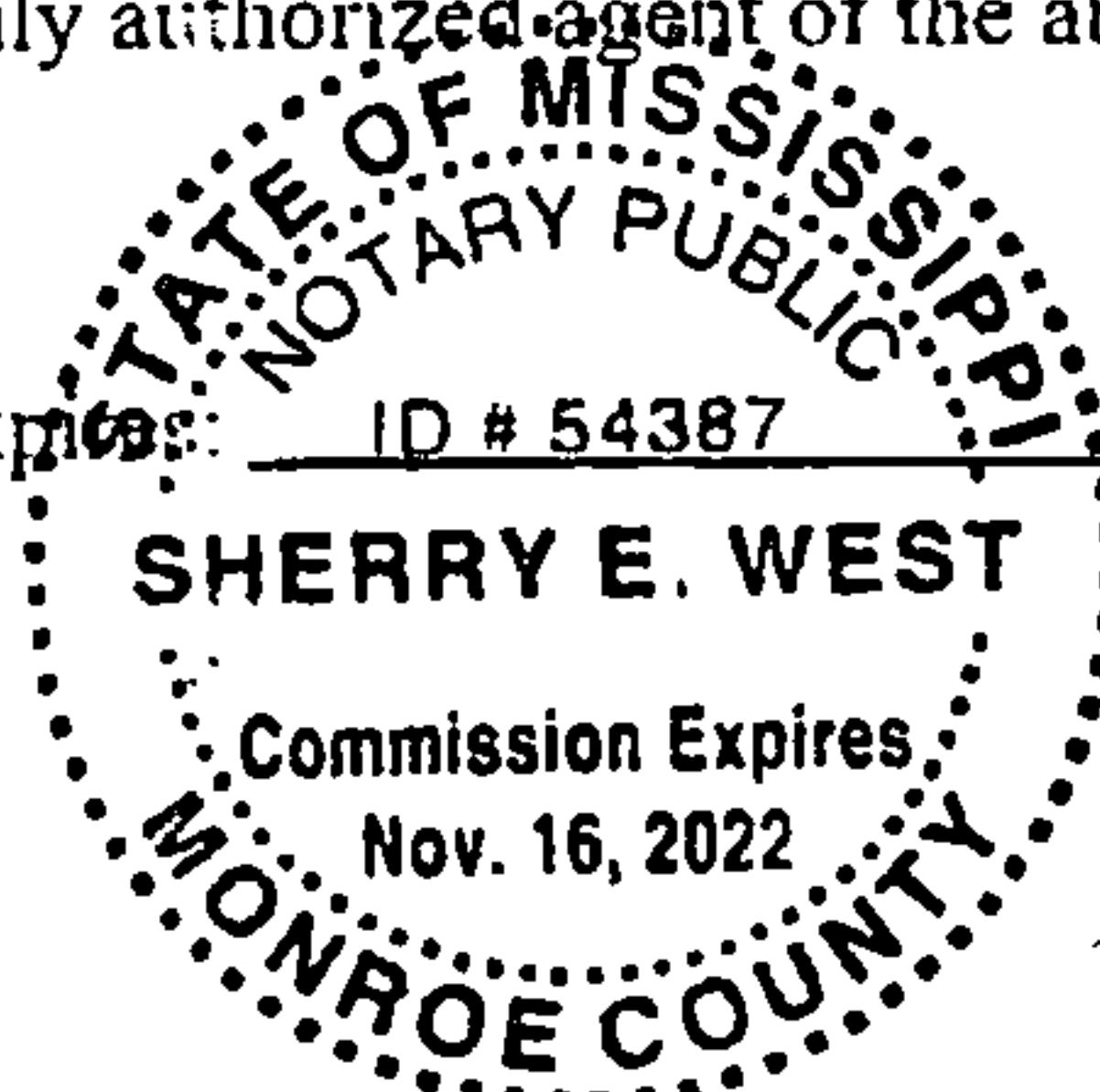
Courtney B. Smith  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi

County of ~~Alcorn~~ **Lauderdale**

The foregoing statement was acknowledged and verified before me this Monday, January 20, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:



Sherry E. West  
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL  
01/28/2020 09:05:44 AM FILED/CERT