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 Shelby Cnty Judge of Probate, AL
 02/10/2020 03:26:43 PM FILED/CERT

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 Tera McMillian.

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

Name of Patient:	Tera McMillian
Address of Patient:	87 County Road 857 Apt 4D Montevallo, AL 35115
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	12/12/2019
Date of Discharge:	12/12/2019
Amount Due:	205.95

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:

Progressive Insurance - 192890737

2100 Riverchase Center Bldg 100 Suite 110 Birmingham, AL 35244

This lien shall be enforced upon all claims accruing to Tera McMillian 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:

**David Cowan
 Cowan Law Office
 2020 Canyon Rd, Ste 150
 Vestavia Hills, AL 35216**

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

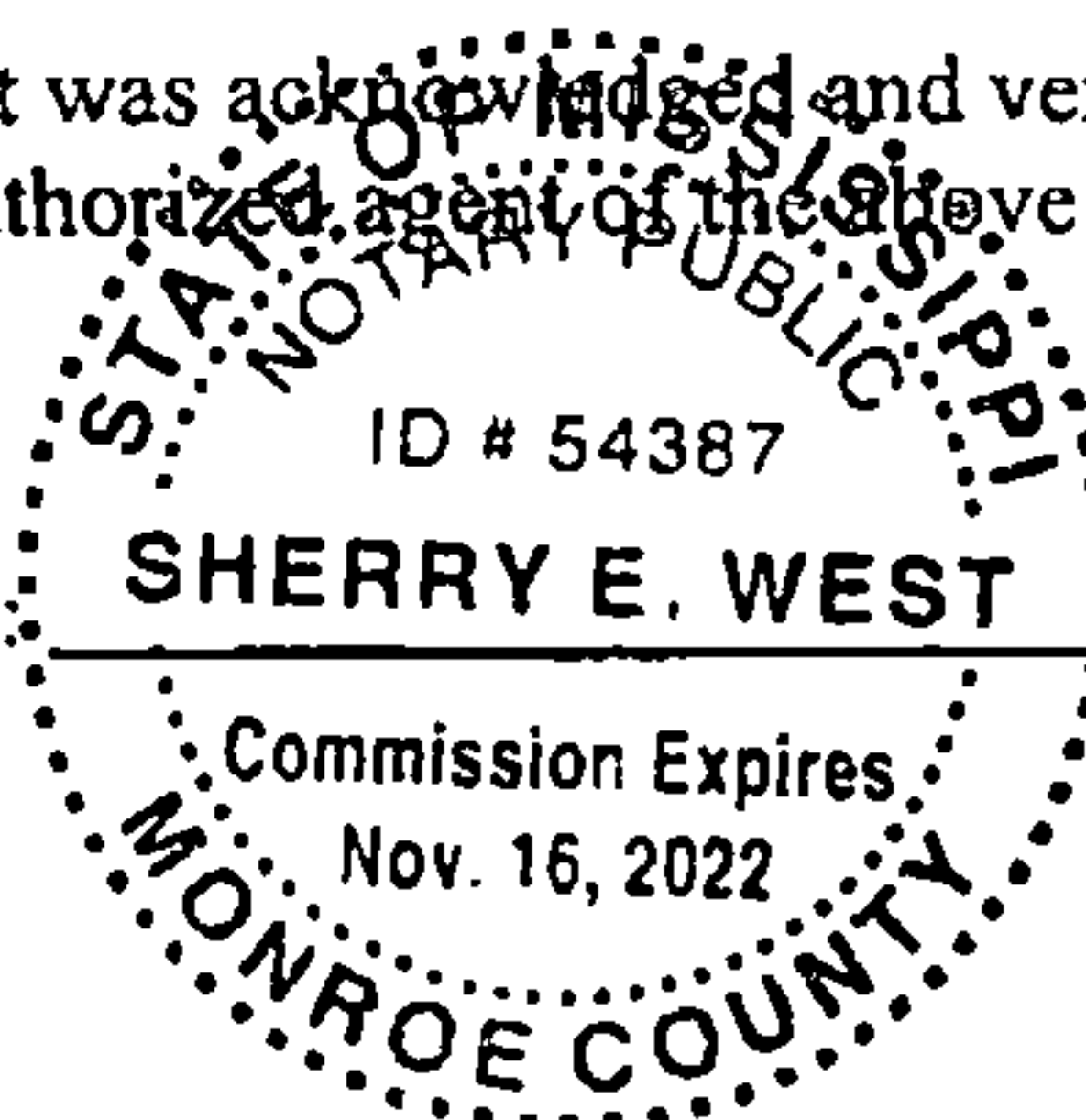
By:

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 Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, February 5, 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