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Shelby Cnty Judge of Probate, AL  
07/15/2020 01:42:58 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 Amanda Shaner.

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

Name of Patient: **Amanda Shaner**  
Address of Patient: **1654 Cobblestone Creek  
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: **12/04/2019**  
Date of Discharge: **12/04/2019**  
Amount Due: **17,486.65**

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:


Direct Insurance - 190301989	P.O. Box 1623	Winston Salem, NC 27102
ESURANCE - WIS-0148127	PO BOX 14719	Madison, WI 53708
Safeway - 1123642-AL	300 Riverhills Business Park, Suite 360	Birmingham, AL 35242

This lien shall be enforced upon all claims accruing to Amanda Shaner 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:

**Bradford Walden**  
**Alexander Shunnarah Personal Injury Attorneys**  
**3626 Clairmont Ave S**  
**Birmingham, AL 35222**

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

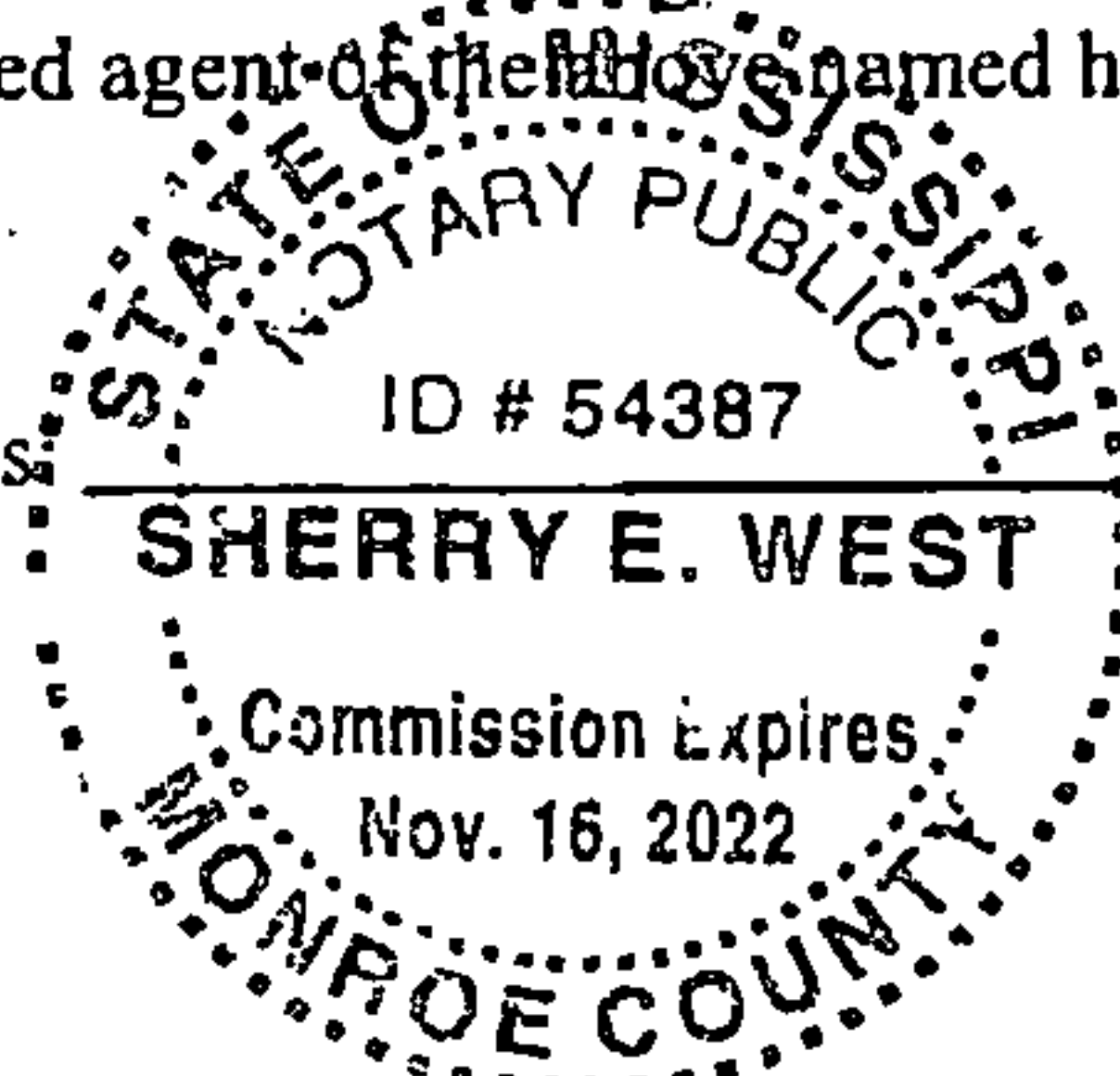
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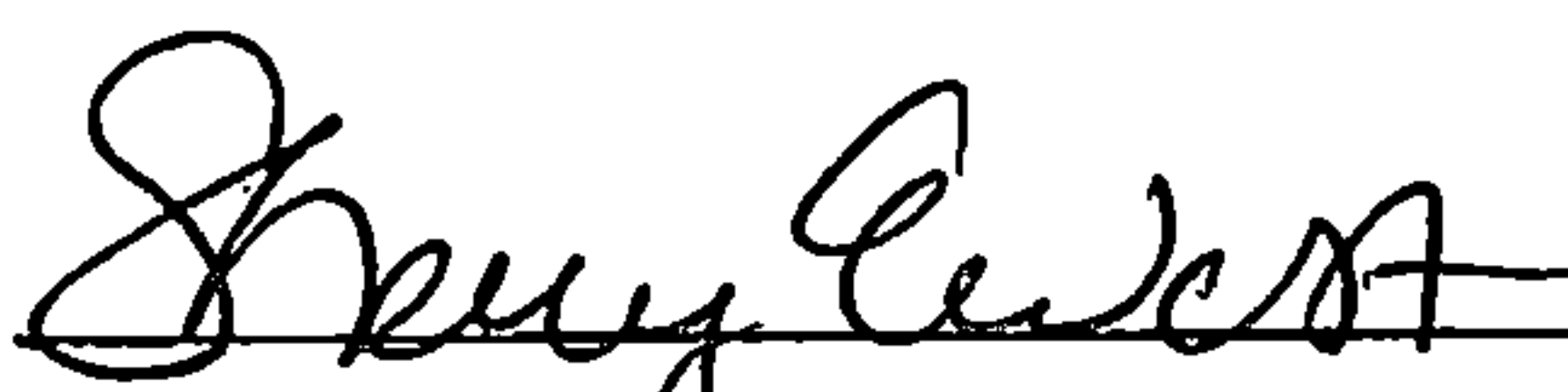
  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi  
County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, July 10, 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



  
NOTARY PUBLIC