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Original instr# 20210426000204680
1st amend instr# 20210518000243280



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Shelby Cnty Judge of Probate, AL
09/27/2021 03:09:29 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 D'Khyla Cooper.

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

Name of Patient:	D'Khyla Cooper
Address of Patient:	109 Andrew Street Clanton, AL 35045
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	03/22/2021
Date of Discharge:	03/22/2021
Amount Due:	5,039.00

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:

State Farm Insurance - 0117T269C

P.O. Box 106170

Atlanta, GA 30348

Esurance - FLA-0303157

P.O. Box 14719


Madison, WI 53708

This lien shall be enforced upon all claims accruing to D'Khyla Cooper 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:

Victoria Dye
Morgan & Morgan, P.A.
2317 3rd Ave N, Suite 102
Birmingham, AL 35203

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

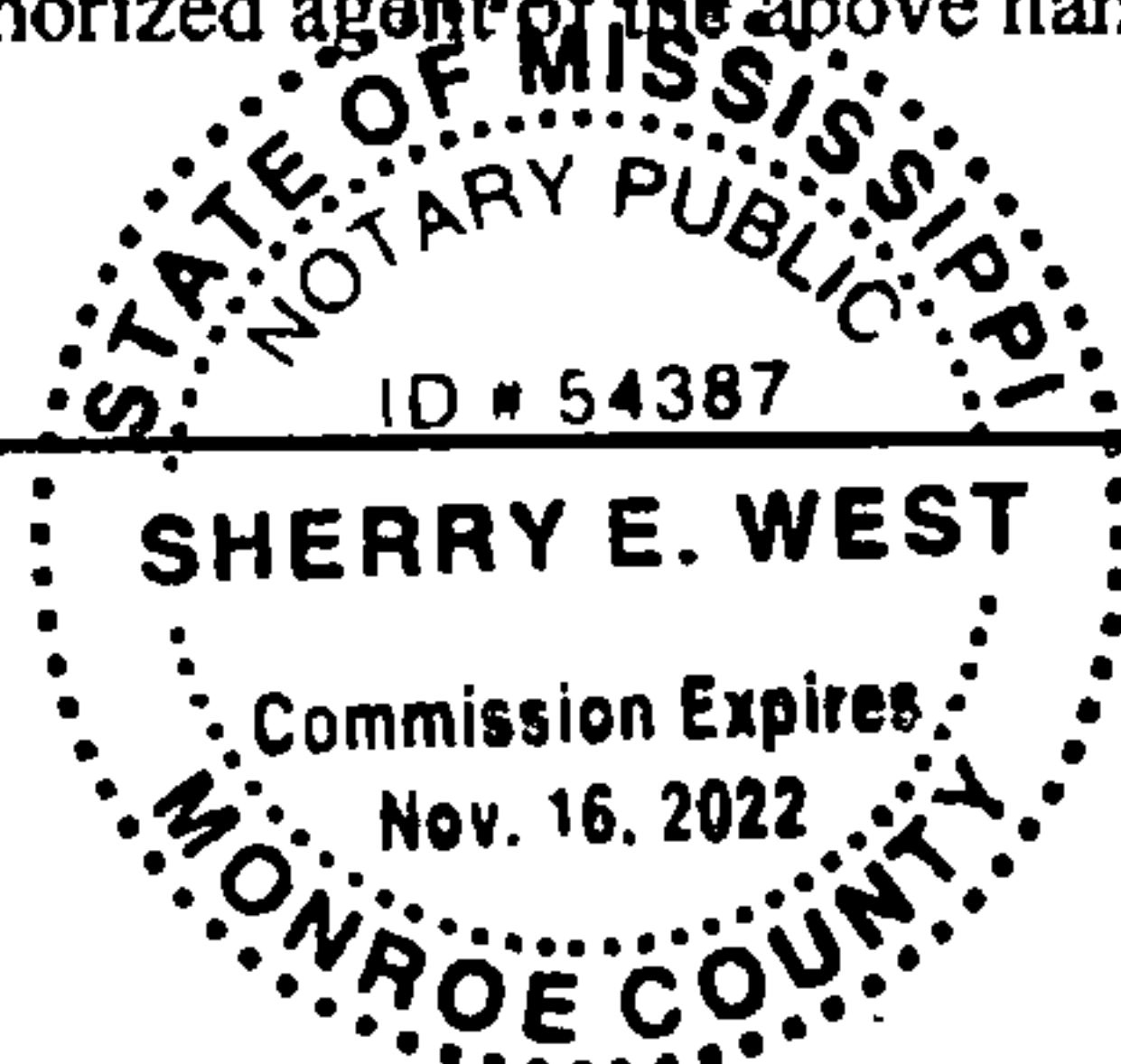
By:


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, September 22, 2021, 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