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Original Filed: 20210826000416960



20211022000514770 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/22/2021 11:45:10 AM 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 Billy Wheeler.

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

Name of Patient: (19

Billy Wheeler

Address of Patient:

202 Wild Flower Trail

Alabaster, AL 35007

Name of Hospital/Operator Thereof:

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4.25

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission?

05/30/2021

Date of Discharge:

05/30/2021

Amount Due:

2,300.20

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:

USAA - 12274319-007

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

P.O. Box 26001

Daphne, AL 36526

Allstate Insurance - 0629330675

P.O. Box 660636

Dallas, TX 75266

This lien shall be enforced upon all claims accruing to Billy Wheeler 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:

Doug Jackson

Norris Injury Lawyers, P.C.

201 Vulcan Road

Birmingham, AL 35209

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 Monday, October 11, 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:

CHEDRY E WEST

1D # 54387

SHERRY E. WES

Commission Expires.
Nov. 16, 2022

NOTARY PUBLIC

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