

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

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Shelby Cnty Judge of Probate, AL  
08/26/2022 03:01:47 PM FILED/CERT

**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 Dominique Jackson.

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

Name of Patient:	Dominique Jackson
Address of Patient:	336 Old Village Road Ozark, AL 36360
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator	1000 1st Street North Alabaster, AL 35007
Date of Admission:	03/02/2022
Date of Discharge:	03/02/2022
Amount Due:	150.00

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:

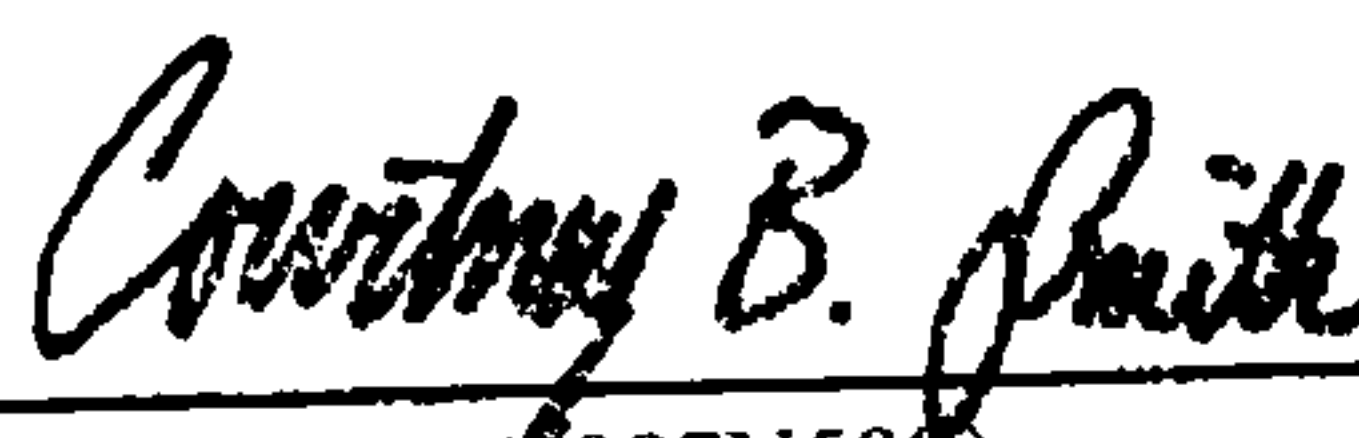
National Liability and Fire - 584405	P.O. Box 1064	Tuscaloosa, AL 35403
USAA Insurance - 017709052-007	P.O. Box 5000	Daphne, AL 36526

This lien shall be enforced upon all claims accruing to Dominique Jackson 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:

WM. Gant Pierce  
Dothan Law Group  
344 North Oakes Street  
Dothan, AL 36303

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

By:

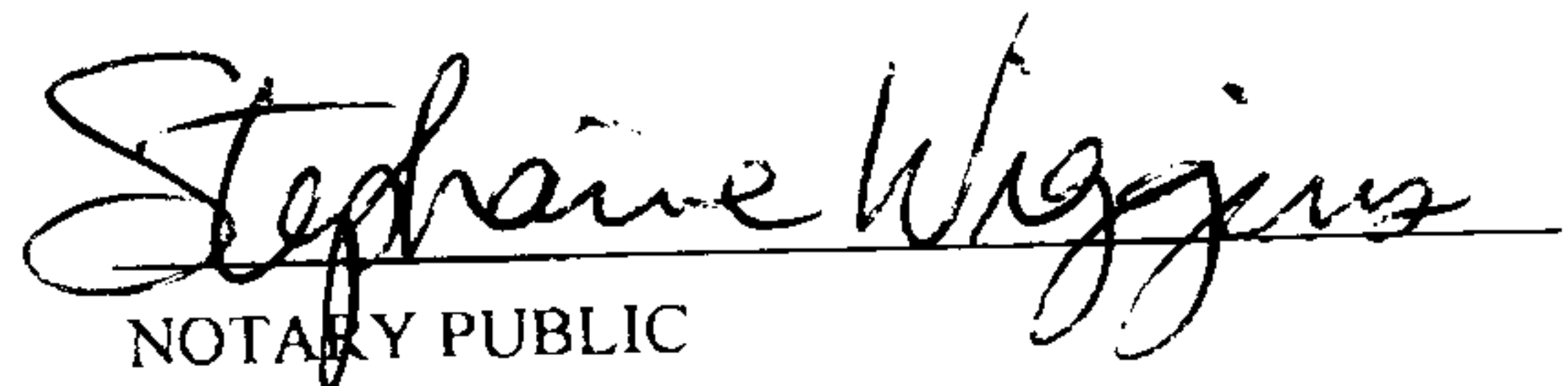
  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi  
County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, August 23, 2022, 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