

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



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Shelby Cnty Judge of Probate, AL
10/26/2022 10:46:01 AM 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 Lauren Looman.

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

| | |
|---------------------------------------|--|
| Name of Patient: | Lauren Looman |
| Address of Patient: | 1447 Hillspun Road Alabaster, AL 35007 |
| Name of Hospital/Operator Thereof: | Baptist Health System, Inc. |
| Address of Hospital/Operator Thereof: | 1000 1st Street North Alabaster, AL 35007 |
| Date of Admission: | 05/26/2022 |
| Date of Discharge: | 05/26/2022 |
| Amount Due: | 13,432.30 |

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 - 0135D999W

P.O. Box 106171

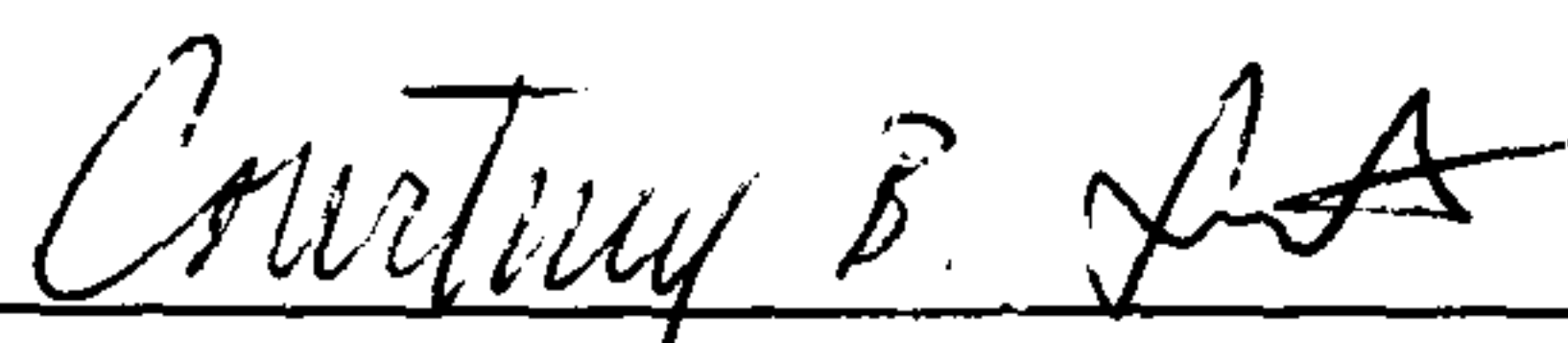
Atlanta, GA 303418

This lien shall be enforced upon all claims accruing to Lauren Looman 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:

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

**John Bruno
Morgan & Morgan
2317 3rd Ave. North, Suite 102
Birmingham, AL 35203**

By:



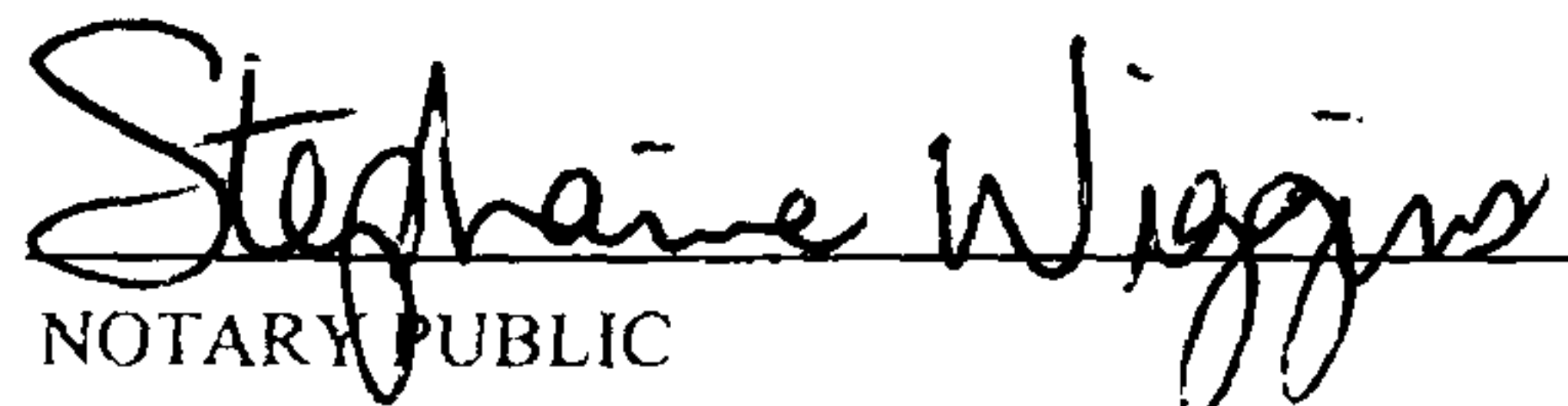
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, October 13, 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