## Original Filed:

#20220114000018340

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20221104000414800 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/04/2022 01:25:51 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 Jasmine Johnson.

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

Name of Patient:

Jasmine Johnson

Address of Patient:

193 Hayesbury Court

Pelham, AL 35124

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

10/02/2021

Date of Discharge:

10/03/2021

Amount Due:

450.00

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:

Allstate Insurance - 0644013133

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

P.O. Box 660636

Dallas, TX 75266

This lien shall be enforced upon all claims accruing to Jasmine Johnson 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 knewn, is/are as follows:

Sandra Lewis

The Law Office Of Sandra Lewis, P.C.

P. O. Box 686

Montgomery, AL 36101

By:

1D # 100357

STEPHANIE WIGGINS

· Commission Expires.

March 30, 2021

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, October 25, 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