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Shelby Cnty Judge of Probate, AL
02/14/2020 09:04:58 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 Lois Miller.

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

Name of Patient:	Lois Miller
Address of Patient:	108 Lilla Avenue 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:	11/23/2019
Date of Discharge:	11/24/2019
Amount Due:	32,270.63

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:

Progressive Insurance - 195582286	7262 Governors West, Suite 110	Huntsville, AL 35806
Alfa Insurance - A-255232	P.O. Box 126	Demopolis, AL 36732

This lien shall be enforced upon all claims accruing to Lois Miller 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:

Trent Lowry
Griffith, Lowry, & Meherg, LLC
409 First Avenue Southwest
Cullman, AL 35055

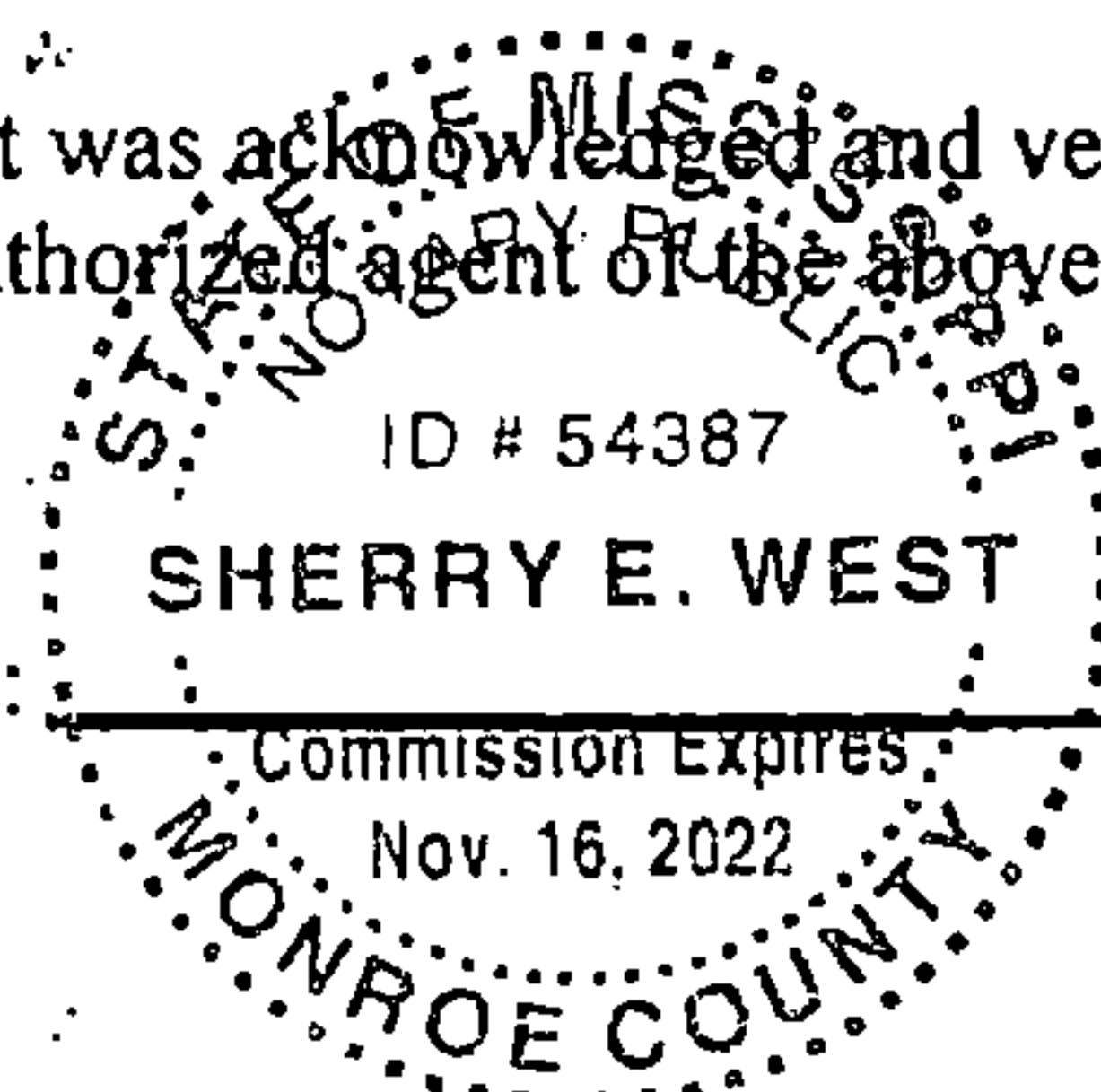
Prepared by:
Courtney B. Smith, Esq.
514 Waldron St.
Corinth, MS 38834

By: *Courtney B. Smith*
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, February 10, 2020, 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:



Sherry E. West
NOTARY PUBLIC