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Shelby Cnty Judge of Probate, AL
03/10/2020 08:39:56 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 James Oneill.

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

Name of Patient:	James Oneill
Address of Patient:	306 Summer Drive Calera, AL 35040
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator	1000 1st Street North Alabaster, AL 35007
Date of Admission:	08/14/2019
Date of Discharge:	08/14/2019
Amount Due:	152.03

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:

ALFA Insurance - A-213356

4524 Southlake Parkway, Suite 6

Hoover, AL 35244

This lien shall be enforced upon all claims accruing to James Oneill 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:

Jim Roberts
Jim Roberts Law Firm
P.O. Box 639
Gardendale, AL 35071

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

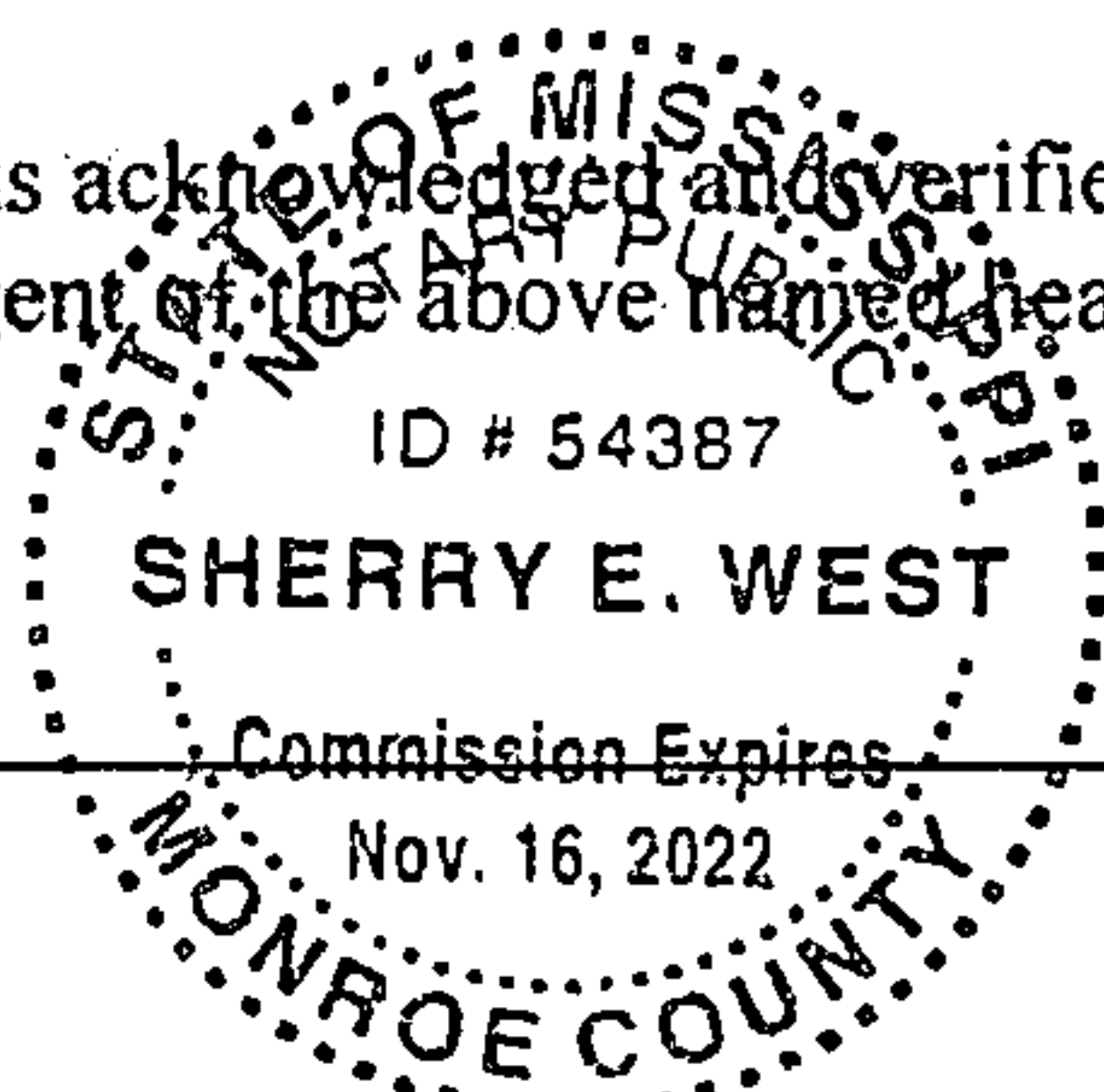
By: Courtney B. Smith
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, March 2, 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