

202003100000093520 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/10/2020 08:39:57 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 Angelica Molina Ayala.

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

Name of Patient:

Angelica Molina Ayala

Address of Patient:

185 Shady Acres Lane

Montevallo, AL 35115

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

04/30/2019

Date of Discharge:

04/30/2019

Amount Due:

12,742.05

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 Insurance - 018631, 20

P.O. Box 106171

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Angelica Molina Ayala 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:

Nathan Harris Barber Harris Law 3021 Lorna Road, Suite 301 Hoover, AL 35216

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

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

Toutres S. Omite.

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 mamed health care provider for and on behalf of said hospital.

SHERRY E. WEST

Commission Expires

My commission expires:

NOTARY PUBLES