

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 Yahaira Rodriquez.

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

Name of Patient:

Yahaira Rodriquez

Address of Patient:

4235 Lindsey Circle

Bessemer, AL 35022

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

12/03/2019

Date of Discharge:

12/03/2019

Amount Due:

25,813.13

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:

Esurance Insurance - WIS-0148203

P.O. Box 335

Addison, TX 75001

Alfa - A-258668

4524 South Lake Parkway Suite 6

Birmingham, AL 35244

This lien shall be enforced upon all claims accruing to Yahaira Rodriquez 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:

Logan Doss Alexander Shunnarah Injury Attorneys 950 22nd Street North, Suite 400

Birmingham, AL 35203

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

By:

Courting B. Church

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 Friday, March 13, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named fieldth care provider for and on behalf of said hospital.

SHERRY E. WEST

My commission expires: , __

Commission Expires

NOTARY PUBLIC