

TO: Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

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Shelby Cnty Judge of Probate, AL  
03/26/2020 03:09:59 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 Fredrick Johnson.

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

Name of Patient:	<b>Fredrick Johnson</b>
Address of Patient:	<b>20 Pine Meadows Circle Elmore, AL 36025</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>05/23/2018</b>
Date of Discharge:	<b>05/25/2018</b>
Amount Due:	<b>15,369.91</b>

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:

**RSUI Covington Specialty Insurance - 7030118055 945 E Paces Ferry Rd NE Suite 1800 Atlanta, GA 30326**

This lien shall be enforced upon all claims accruing to Fredrick 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 known, is/are as follows:

**John Lawrence  
Farris, Riley, & Pitt, LLP  
505 20th Street North, Suite 1700  
Birmingham, AL 35203**

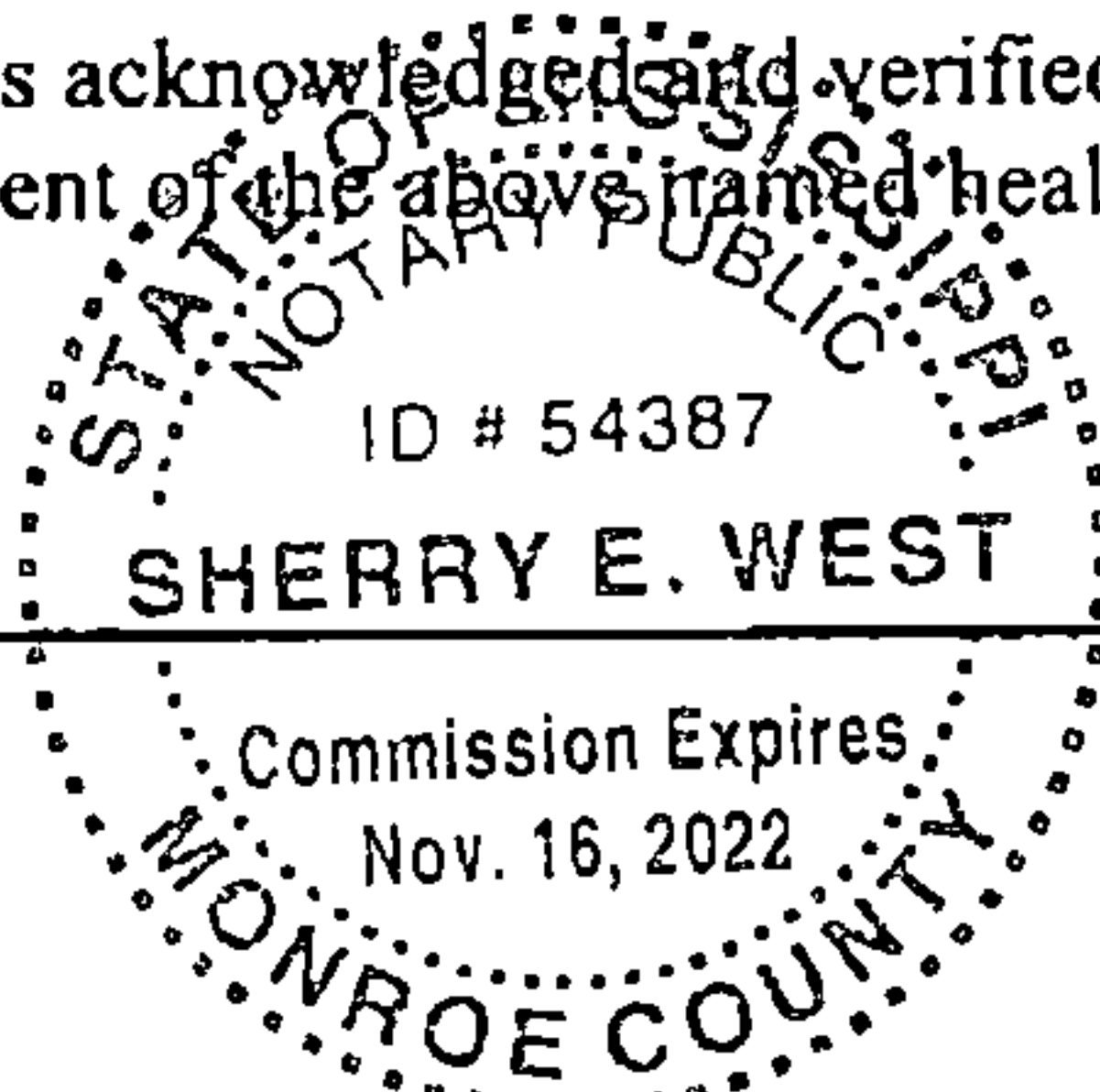
Prepared by:  
Courtney B. Smith, Esq.  
514 Waldron St.  
Corinth, MS 38834

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 23, 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