

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



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Shelby Cnty Judge of Probate, AL  
10/13/2020 09:22:36 AM 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 Laura Yessick.

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

Name of Patient:	<b>Laura Yessick</b>
Address of Patient:	<b>501 Horizon Street Maylene, AL 35114</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>08/11/2020</b>
Date of Discharge:	<b>08/11/2020</b>
Amount Due:	<b>164.93</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:

**Direct General - 200331061**

**P.O. Box 1623**


**Winston Salem, NC 27102**

This lien shall be enforced upon all claims accruing to Laura Yessick 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:

**James Morgan  
James R. Morgan, PC  
1605 21st Street  
Birmingham, AL 35205**

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

**By:**

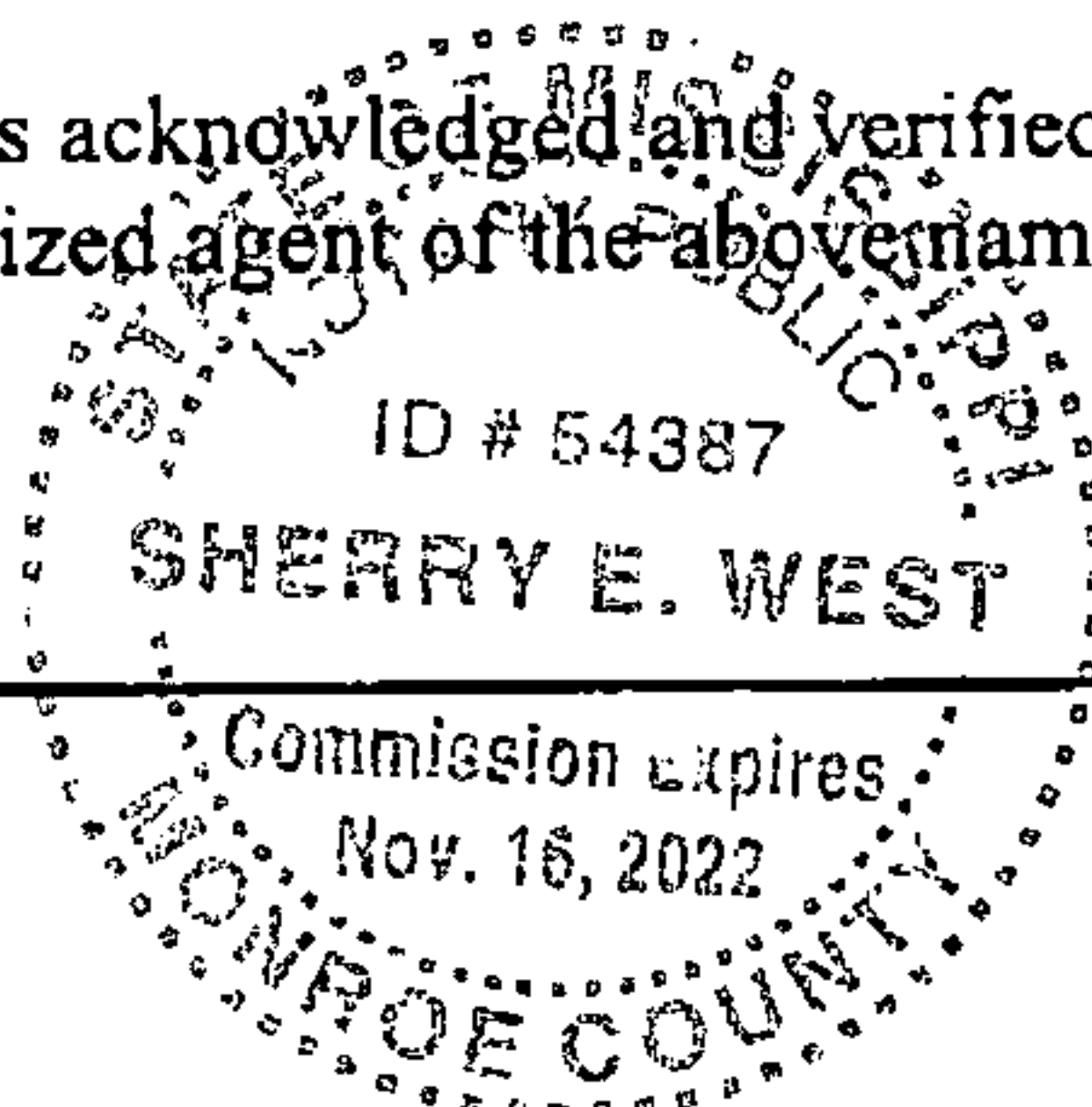
  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

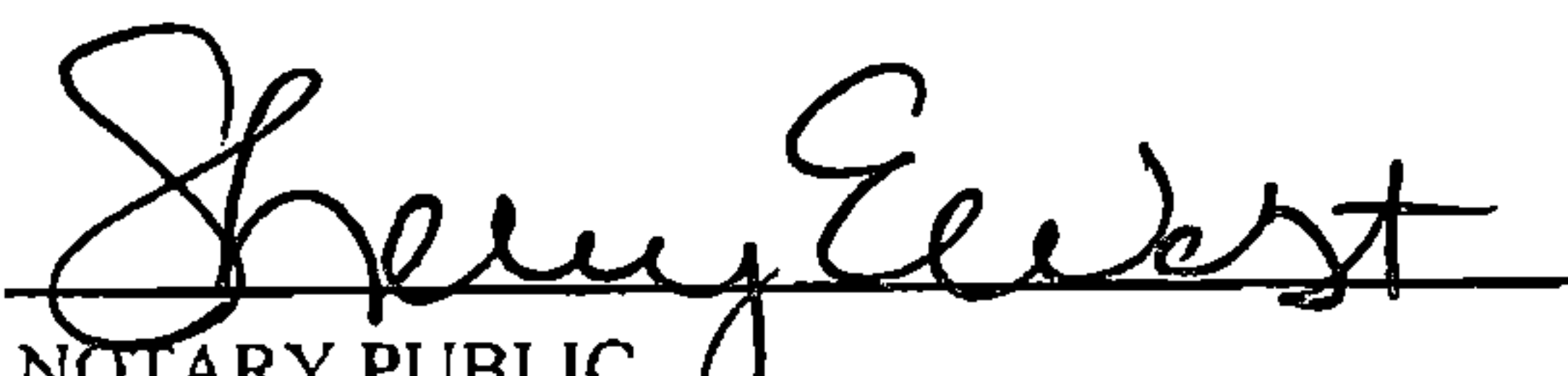
State of Mississippi :

County of Lowndes :

The foregoing statement was acknowledged and verified before me this Wednesday, October 7, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the abovenamed health care provider for and on behalf of said hospital.

My commission expires:



  
NOTARY PUBLIC