

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 Julie Culver.

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

Name of Patient:

Julie Culver

Address of Patient:

77 Wolf Lane

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Calera, AL 35040

Date of Admission:

12/15/2020

Date of Discharge:

12/16/2020

Amount Due:

10,185.22

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:

Geico Insurance - 0360234600101028

P.O. Box 9091

Macon, GA 31208

State Farm - 114Q155F

P.O. Box 106170

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Julie Culver 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:

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

· Par

1D # 54387

.Commission Expires.

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, May 12, 2021, 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