27.3 412229256 Original filed# 20211013000497940



20211022000514850 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/22/2021 11:45:18 AM FILED/CERT

Shelby County Probate Office TO:

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 Yama Houston.

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

15.00 Name of Patient:

Yama Houston

Address of Patient:

53 Taylor Lane

Alabaster, AL 35007

Name of Hospital/Operator Thereof:

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Wit.

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

07/19/2021

Date of Discharge;

07/19/2021

Amount Due:

126.35

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:

Progressive Insurance - 21-8255362

P.O. Box 2930

Clinton, IA 52733

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Allstate Insurance - 063416007il.

P.O. Box 660636

Dallas, TX 75266

This lien shall be enforced upon all claims accruing to Yama Houston 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 Corinth, MS 38834

By:

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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 Thursday, October 14, 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

Commission Expirer

NOTARY PUBLIC

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