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Shelby Cnty Judge of Probate, AL
10/22/2021 11:45:22 AM FILED/CERT

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 Jerome Houston.

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

Name of Patient: **Jerome Houston**
Address of Patient: **385 Highway 361
Pelham, AL 35124**
Name of Hospital/Operator Thereof: **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: **231.73**

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 |
| Allstate Insurance - 0634160071 | P.O. Box 660636 | Dallas, TX 75266 |

This lien shall be enforced upon all claims accruing to Jerome 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

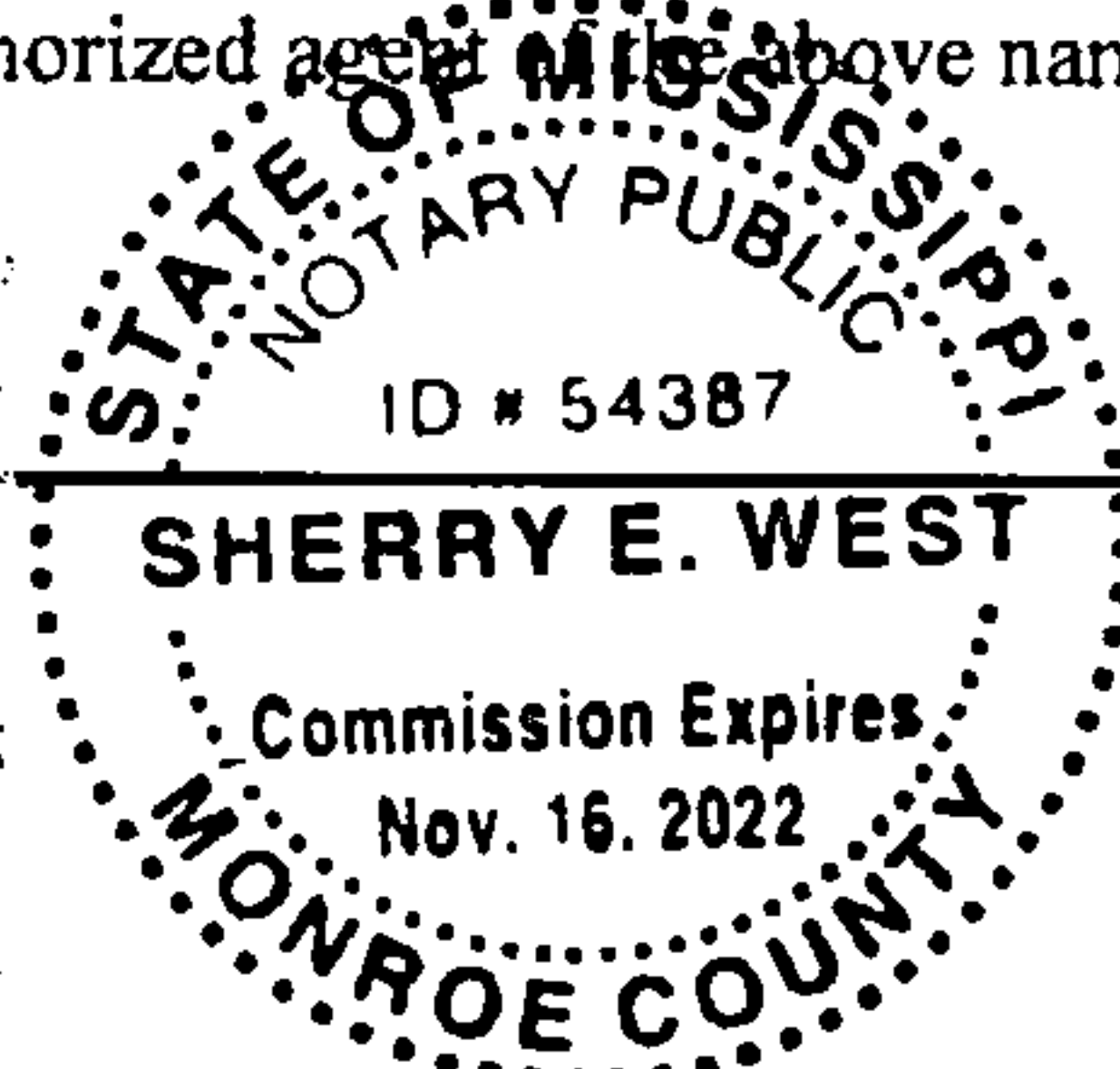
By:

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 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
NOTARY PUBLIC