412214073 ... Original Filed: 20210817000399930

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

S.,

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<u>NOTICE OF AMENDED HOSPITAL LIEN</u>

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 Latoya Woods.

In order to perfect said lien, Baptist Health System, Inc. submits the following information: $\int_{t=1}^{t=1}$



20211102000528940 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/02/2021 09:46:36 AM FILED/CERT

Name of Patient: Address of Patient:	Latoya Woods 166 Nelson Walker Road Columbiana, AL 35051	
Name of Hospital/Operator Thereof: Address of Hospital/Operator	Baptist Health System, Inc. 1000 1st Street North Alabaster, AL 35007	•
Date of Admission: Date of Discharge	06/27/2021 06/27/2021	č,
Amount Due:	1,283.00	

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:

FCCI Insurance - C00298343

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Y.C.

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P.O. Box 58004

Sarasota, FL 34232

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This lien shall be enforced upon all claims accruing to Latoya Woods 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

State of Mississippi

John Hollis McElheny

Alexander Shunnarah Personal Injury Attorneys 2900 1st Avenue South Birmingham, AL 35233

Courses E. Omit

By:

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

County of Lowndes The foregoing statement was acknowledged and verified before me this Thursday, October 21, 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 ID # 54387 NOTARY PUBLIC SHERRY E. WEST Commission Expires 15 Nov. 16. 202 £ 12. •: • • • • 13 31.5