

20211102000528990 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/02/2021 09:46:41 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 Brandi Anderson.

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

Name of Patient:

Brandi Anderson

Address of Patient:

1204 Cobblestone Lane

Montevallo, AL 35115

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

06/14/2017

Date of Discharge:

06/14/2017

Amount Due:

2,677.02

To the best of the clammant'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:

ACCC Insurance - B0037828-1

P.O. Box 3750

Alpharetta, GA 30023

Allstate Insurance - 04670857&C

P.O. Box 2874

Clinton, IA 52733

This lien shall be enforced upon all claims accruing to Brandi Anderson 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:

Chris Burrell

Burrell & McCants, LLC 712 32nd Street South Birmingham, AL 35233

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

By:

autry S. Amore

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

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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

SHERRY E. WEST

Commission Expires

Nov. 16, 2022

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NOTARY PUBLIC