20220224000078500 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/24/2022 10:36:48 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 Ruth Parks.

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

Name of Patient:

Ruth Parks

Address of Patient;

2562 Scurlock Road Helena, AL 35080

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, Al. 35007

Date of Admission:

01/20/2022

Date of Discharge:

01/20/2022

Amount Duc:

4,489.00

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:

Allstate - 0656402484

P.O. Box 660636

Dallas , TX 75266

ALFA Insurance - A0000564867

4524 Southlake Parkway, Suite 6

Hoover, AL 35244

This lien shall be enforced upon all claims accruing to Ruth Parks 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:

Tia Kennedy

Alexander Shunnarah Personal Injury Attorneys

3626 Clairmont Avenue South

Birmingham, AL 35222

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

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

NOPARY PUBLIC

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, February 17, 2022, 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:

SHERR WEST

Commission Expires:
Nov. 16, 2022

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