Original Filed: 20220815000320030

TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20220902000344510 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/02/2022 11:54:04 AM FILED/CERT

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 Jesse Morgan.

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

Name of Patient:

Jesse Morgan

Address of Patient:

2701 Highway 25

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:

07/06/2022

Date of Discharge:

07/07/2022

Amount Due:

36,544.92

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 - 225254313

PO Box 2930

Clinton, IA 52733

This lien shall be enforced upon all claims accruing to Jesse Morgan 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:

Matthew Roden

Shelby Roden Attorneys at Law

2101 Highland Avenue South, Suite 200

Birmingham, AL 35295

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

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, August 25, 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:

ID # 100351

STEPHANIE WIGGINS:

Commission Expires

NOTARY PUBLIC