TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20220921000364690 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/21/2022 12:59:21 PM 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 Keandra O Gilbert.

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

Name of Patient:

Keandra O Gilbert

Address of Patient:

170 Birmingham Street Lot 4

Montevallo, AL 35115

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

06/02/2022

Date of Discharge:

06/02/2022

Amount Due:

8,433.74

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:

Safeway Insurance - 1146653

300 Riverhills Business Park, Suite 360

Birmingham, AL 35242

USAA - 023722808-002

P.O. Box 5000

Daphne, AL 36526

This lien shall be enforced upon all claims accruing to Keandra O Gilbert 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:

STEPHANIE WIGGINS

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 Tuesday, September 13, 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:

NOTARY PUBLIC