Shelby County Probate Office TO:

P.O. Box 825

Columbiana, AL 35051

20221104000414670 1/1 \$.00 Shelby Cnty Judge of Probate; AL 11/04/2022 01:25:38 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 John Werner.

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

Name of Patient:

John Werner

Address of Patient:

12775 Hwy 25 Calera, AL 35040

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

05/27/2022

Date of Discharge:

05/27/2022

Amount Due:

3,044.00

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:

GEICO - 8668991960000002

One GEICO Center

Macon, GA 31296

This lien shall be enforced upon all claims accruing to John Werner 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:

Victoria Dye

Morgan & Morgan, P.A. 2317 3rd Ave N, Suite 102

Birmingham, AL 35203 Marthy B. Path.

Prepared by:

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

By:

STEPHANIE WIGGINS

Commission Expires

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 Monday, October 24, 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