Original Filed: #20220310000099550

TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



20221104000414810 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/04/2022 01:25:52 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 Matt Stephens.

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

Name of Patient:

Matt Stephens

Address of Patient:

205 Redwood Drive

Name of Hospital/Operator Thereof:

Alabaster, AL 35007 Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

12/15/2021

Date of Discharge:

12/15/2021

Amount Due:

232.62

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:

Liberty Mutual - 047896987

P.O. Box 515097

Los Angeles, CA 90051

Liberty Mutual - 047896987

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

P.O Box 5014

Scranton, PA 18505

This lien shall be enforced upon all claims accruing to Matt Stephens 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:

> Julianne Boydstun Cory Watson Attorneys

2131 Magnolia Ave South

Birmingham, AL 35205

Justy B. Pail.

By:

ID # 10035

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, October 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:

NOTARY PUILLIC