Original Filed: Instr# 20220719000283540 1st Amend Filed: Instr# 20220815000319950

TO: Shelby

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



20221117000425450 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/17/2022 10:27:50 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 Linda Barbee.

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

Name of Patient:

Linda Barbee

Address of Patient:

128 Keem Street Thorsby, AL 35171

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

04/04/2022

Date of Discharge:

04/04/2022

Amount Due:

12,138.41

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:

Alfa Insurance - A0000593262

P.O. Box 83

Jemison, AL 35085

Country Financial - 6000-40-3413

P.O. Box 14151

Salem, OR 97309

This lien shall be enforced upon all claims accruing to Linda Barbee 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:

ID # 100351

Commission Expires

March 30, 2026

STEPHANIE WIGGIAS :

mitty B. Aik

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (833) 760-0817

State of Mississippi County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, November 3, 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