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Shelby Cnty Judge of Probate, AL
01/03/2023 11:56:24 AM FILED/CERT

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

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 Yosheka Houser.

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

| | |
|------------------------------------|--|
| Name of Patient: | Yosheka Houser |
| Address of Patient: | 1004 Seminole Place Calera, AL 35040 |
| Name of Hospital/Operator Thereof: | Baptist Health System, Inc. |
| Address of Hospital/Operator | 1000 1st Street North Alabaster, AL 35007 |
| Date of Admission: | 08/19/2022 |
| Date of Discharge: | 08/20/2022 |
| Amount Due: | 10,401.17 |

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:

STATE FARM - 01-39N8-86Q

PO Box 52250

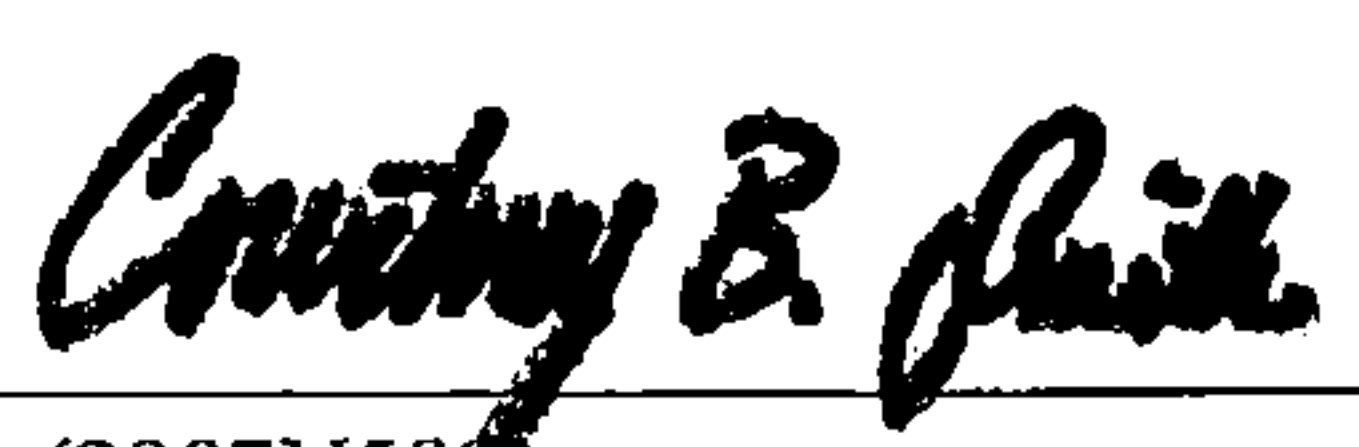
Phoenix, AZ 85072

This lien shall be enforced upon all claims accruing to Yosheka Houser 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

Shaun Capps
Alexander Shunnarah Personal Injury Attorneys
3626 Clairmont Ave south
Birmingham, AL 35222

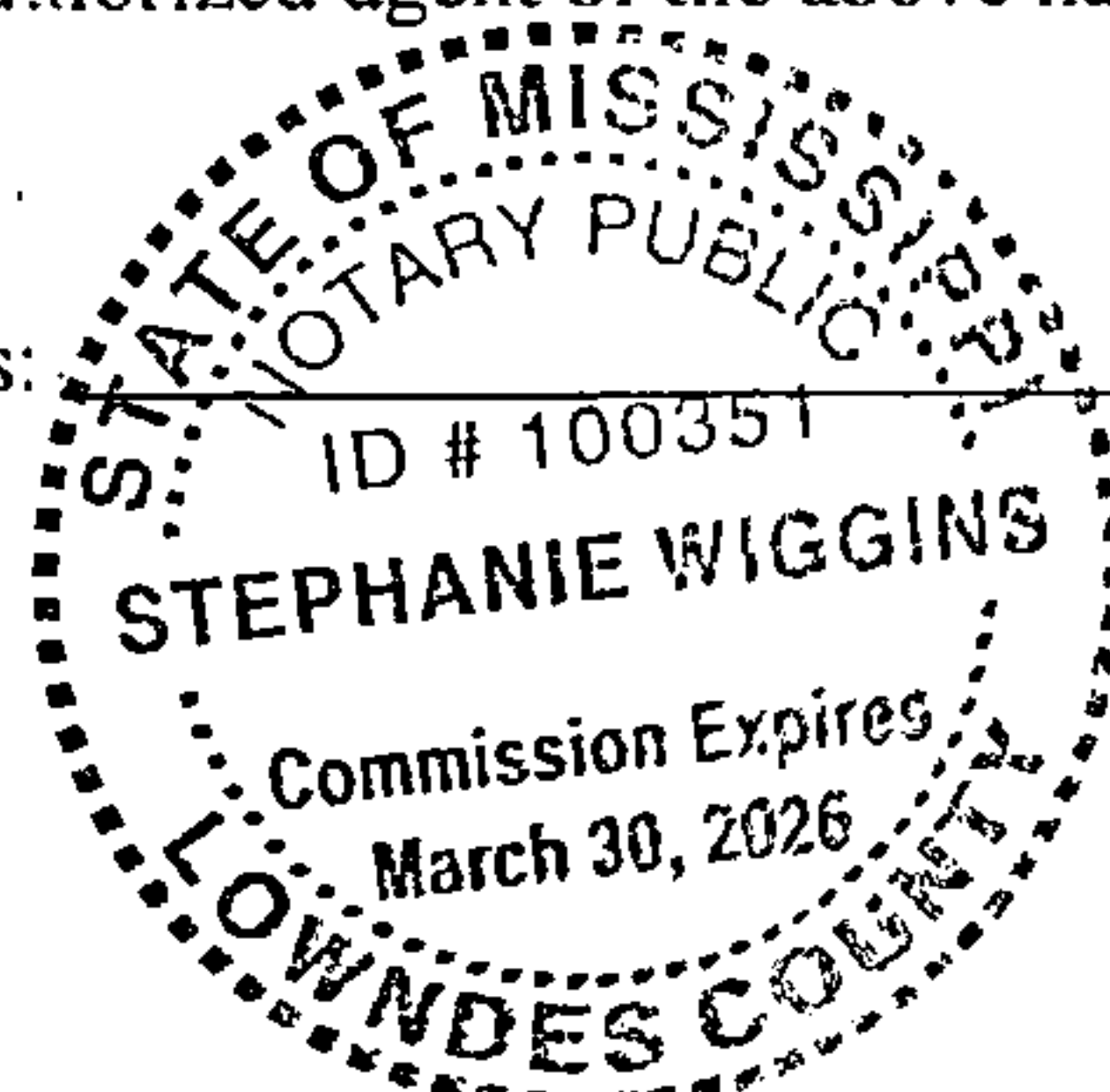
By:

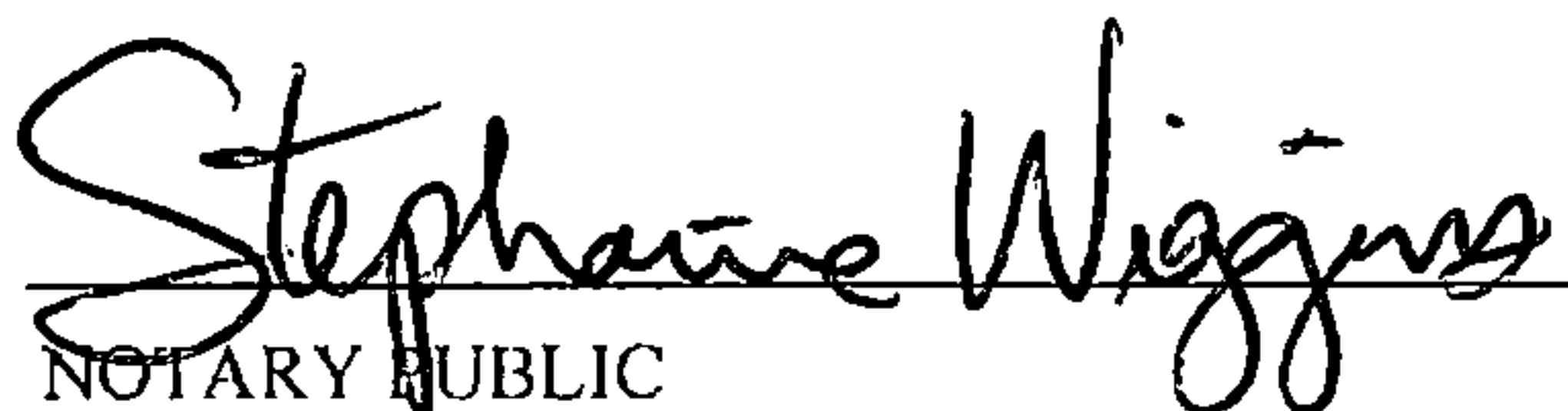

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, December 12, 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