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 Shelby Cnty Judge of Probate, AL
 03/06/2023 01:21:14 PM 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 Deidra Evans.

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

Name of Patient:	Deidra Evans
Address of Patient:	112 Lighthouse Dr Alabaster, AL 35007
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator	1000 1st Street North Alabaster, AL 35007
Date of Admission:	08/21/2022
Date of Discharge:	08/21/2022
Amount Due:	3,154.60

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:

Zurich Insurance - 4510201105

P.O. Box 968062

Schaumburg, IL 60196

This lien shall be enforced upon all claims accruing to Deidra Evans 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:

Frank Buck
 Frank S. Buck, P C
 P. O. Box 55089
 Birmingham, AL 35255

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

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, February 13, 2023, 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:



Stephanie Wiggins
 NOTARY PUBLIC