

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Quinton Smith**
Address: **130 Cherokee Street**
Montevallo, AL 35115

Admit Date: **08/15/2018**
Discharge Date: **08/15/2018**
Amount Due: **1,942.00**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Auto Owners - 3002514272018
3000 Riverchase Galleria Suite 310
Birmingham, AL

Shelby Baptist Medical Center

BY: _____

[Signature]
Agent

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Friday, September 14, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____



[Signature]
NOTARY PUBLIC

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Shelby Cnty Judge of Probate: AL
09/25/2018 02:09:46 PM FILED/CERT

Prepared by:
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