411723741

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:	**Samantha Cummings**
Address:	**1742 Russet Crest Circle** **Hoover, AL 35244**
Admit Date:	**12/22/2018**
Discharge Date:	**12/22/2018**
Amount Due:	**6,294.49**

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:

Lyndon Southern - LS19-0000591
2900 Westfork Drive Suite 605
Baton Rouge, LA

Shelby Baptist Medical Center

BY: _____
Agent

STATE OF MISSISSIPPI

COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Wednesday, January 16, 2019, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 104665 AMY E. LAMBERT Commission Expires March 1, 2020 ALCORN COUNTY

MY COMMISSION EXPIRES: _____

_____
NOTARY PUBLIC

20190123000024690 1/1 $.00
Shelby Cnty Judge of Probate, AL
01/23/2019 02:37:20 PM FILED/CERT

Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834