

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

NOTICE OF 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 Estelle Smith.

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

Name of Patient:	Estelle Smith
Address of Patient:	PO Box 647 Calera, AL 35040
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	03/29/2019
Date of Discharge:	03/29/2019
Amount Due:	2,797.08

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:

Scottsdale Insurance - 01885733

P.O. Box 4120

Scottsdale, AZ 85261

This lien shall be enforced upon all claims accruing to Estelle Smith 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:
Jeremy Alan Blaylock, Esq.
514 East Waldron St.
Corinth, MS 38834

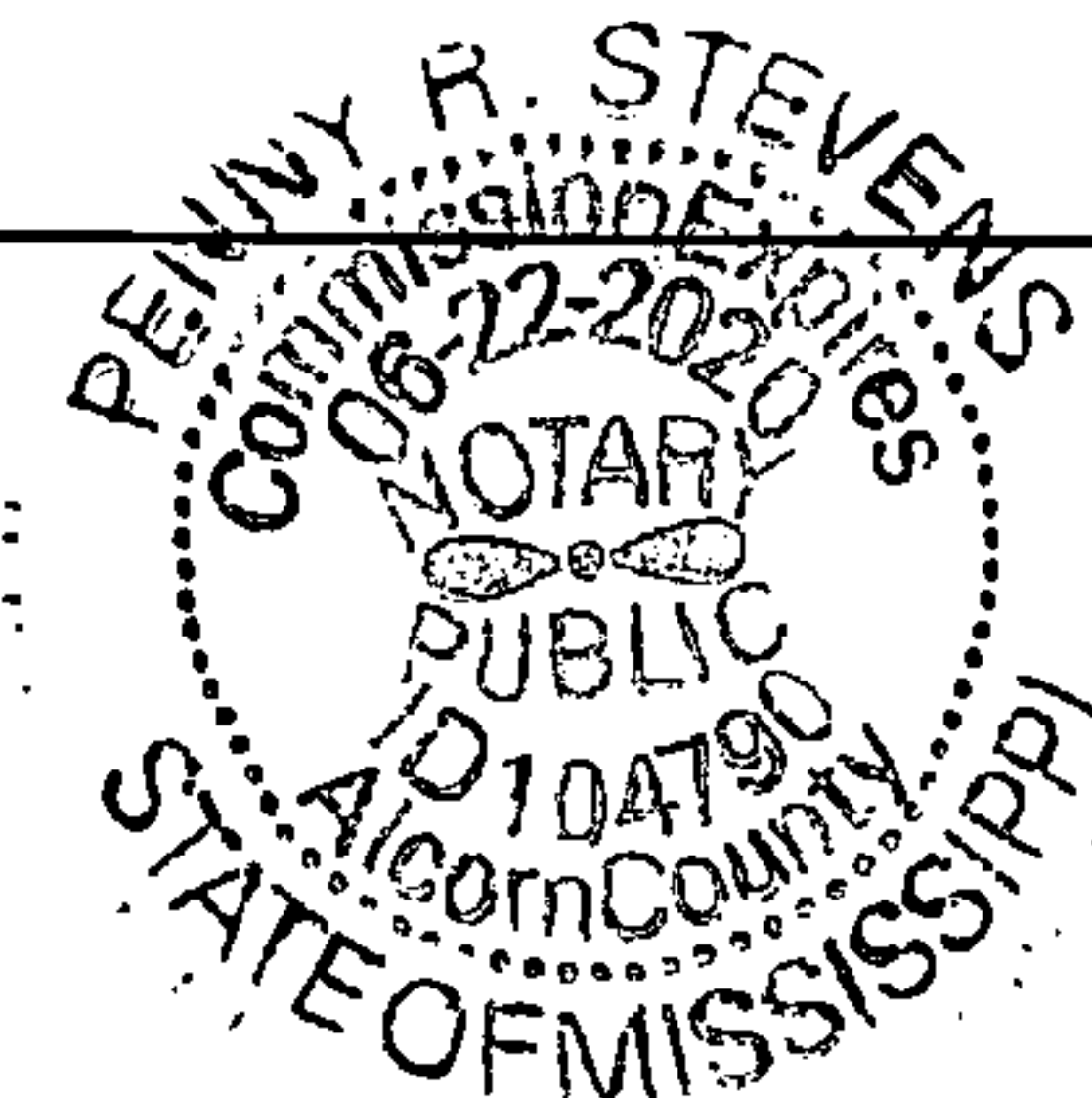
By:

Jeremy Alan Blaylock, Esq. (BLA104)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Alcorn

The foregoing statement was acknowledged and verified before me this Friday, August 16, 2019, by Jeremy Alan Blaylock, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires: _____



NOTARY PUBLIC