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 Phillip Jemison.

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

Name of Patient:	**Phillip Jemison**
Address of Patient:	**217 Mount Canaan Circle**
	Vincent, AL 35178
Name of Hospital/Operator Thereof:	**Baptist Health System, Inc.**
Address of Hospital/Operator Thereof:	**1000 1st Street North**
	Alabaster, AL 35007
Date of Admission:	**08/29/2019**
Date of Discharge:	**08/29/2019**
Amount Due:	**1,090.00**

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:
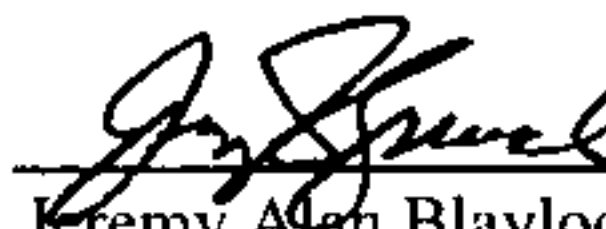
Geico - 0162913310101108　　　　　　**One Geico Center**　　　　　　**Macon, GA 31296**

This lien shall be enforced upon all claims accruing to Phillip Jemison 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.
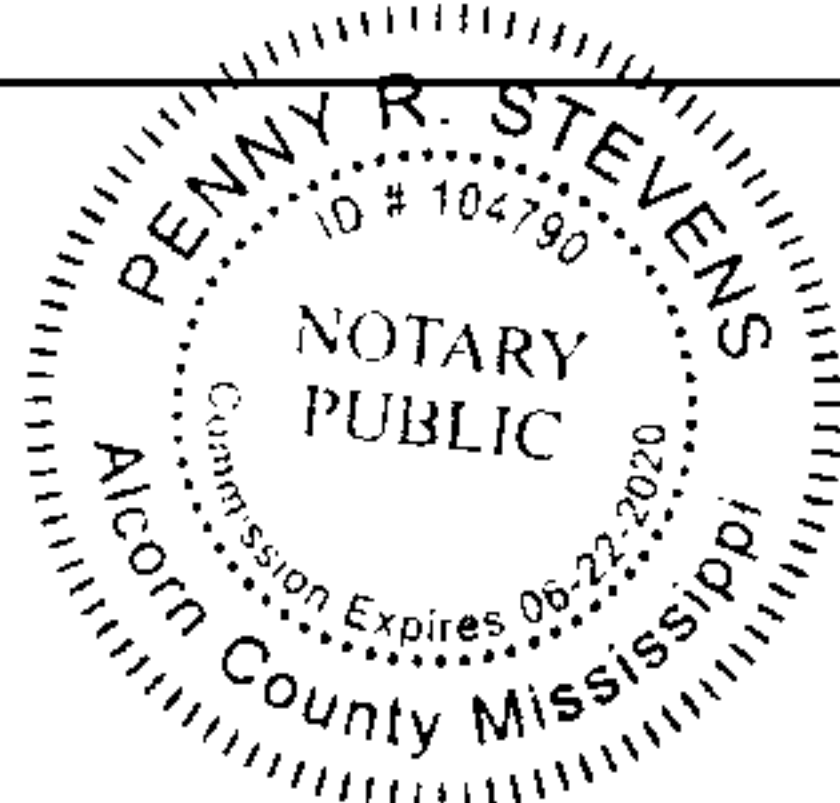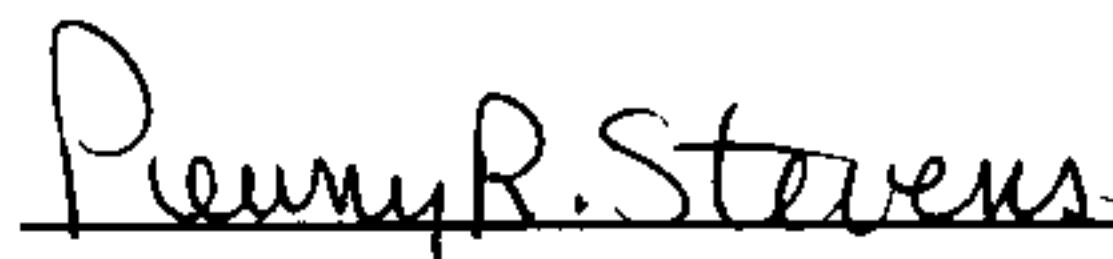**514 East Waldron St.**
Corinth, MS 38834

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 Monday, September 23, 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