**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 Lashannon McCollum.

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

Name of Patient:

Lashannon McCollum

Address of Patient:

1110 Thompson Road

Alabaster, AL 35007

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street Morth

Alabaster, AL 35007

Date of Admission:

08/21/2019

Date of Discharge:

08/21/2019

Amount Due:

125.00

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 - 0624739210101027

One Geico Center

Macon, GA 31296

This lien shall be enforced upon all claims accruing to Lashannon McCollum 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:

PUBLIC

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 Wednesday, October 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

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Shelby Cnty Judge of Probate, AL 10/24/2019 10:05:07 AM FILED/CERT