TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

Shelby Cnty Judge of Probate, AL 01/23/2020 03:29:07 PM FILED/CERT

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 Shelia McNealy.

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

Name of Patient:

Shelia McNealy

Address of Patient:

4228 Lillianettee Street

Marianna, FL 32448

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

12/17/2019

Date of Discharge:

12/18/2019

Amount Due:

48,813.91

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:

BMI - Shelia McNealy

P.O. Box 511

Matawan, NJ 07747

This lien shall be enforced upon all claims accruing to Shelia McNealy 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: Courtney B. Smith, Esq. 514 Waldron St. Corinth, MS 38834

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Alcorn Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, January 14, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the spove named health care provider for and on behalf of said hospital.

My commission expires: SHERRY E. WES

Commission Expires.
Nov. 16, 2022

NOTARY PUBLIC