

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 Kayla Gray.

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

Name of Patient:	Kayla Gray
Address of Patient:	1407 Wells Loop Jasper, AL 35504
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	3400 US Highway 78, East Jasper, AL 35501
Date of Admission:	02/25/2020
Date of Discharge:	02/25/2020
Amount Due:	7,461.56

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:

Haulers Insurance - 20200908

P.O. Box 270

Columbia, TN 38402

This lien shall be enforced upon all claims accruing to Kayla Gray 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:

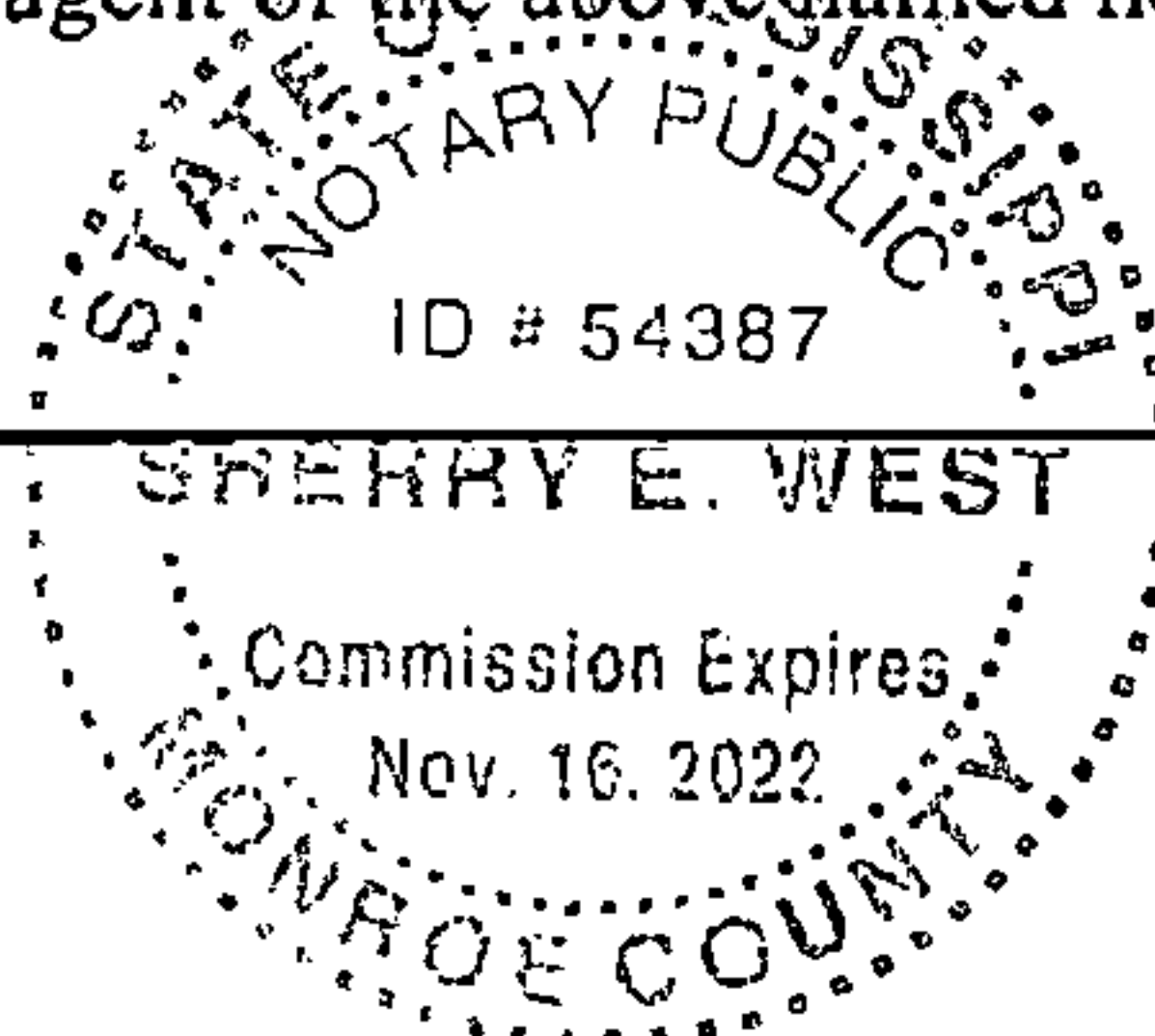
Courtney B. Smith

Courtney B. Smith, Esq. (2987N58S) –
Authorized Agent for Walker Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, May 5, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:



Sherry E. West
NOTARY PUBLIC

