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 Shelby Cnty Judge of Probate, AL
 07/14/2020 09:25:03 AM FILED/CERT

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 Catrina Rutledge.

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

Name of Patient: **Catrina Rutledge**
 Address of Patient: **87 County Road 857 Apt C1
 Montevallo, AL 35115**
 Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
 Address of Hospital/Operator Thereof: **1000 1st Street North
 Alabaster, AL 35007**
 Date of Admission: **03/25/2020**
 Date of Discharge: **03/25/2020**
 Amount Due: **200.00**

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:

State Farm - 0105S234Q

P.O. Box 106171

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Catrina Rutledge 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:

Calhoun;
 Alexander Shunnarah Personal Injury
 3626 Clairmont Ave South
 Birmingham, AL 35222

Prepared by:
 Courtney B. Smith, Esq.
 514 Waldron St.
 Corinth, MS 38834

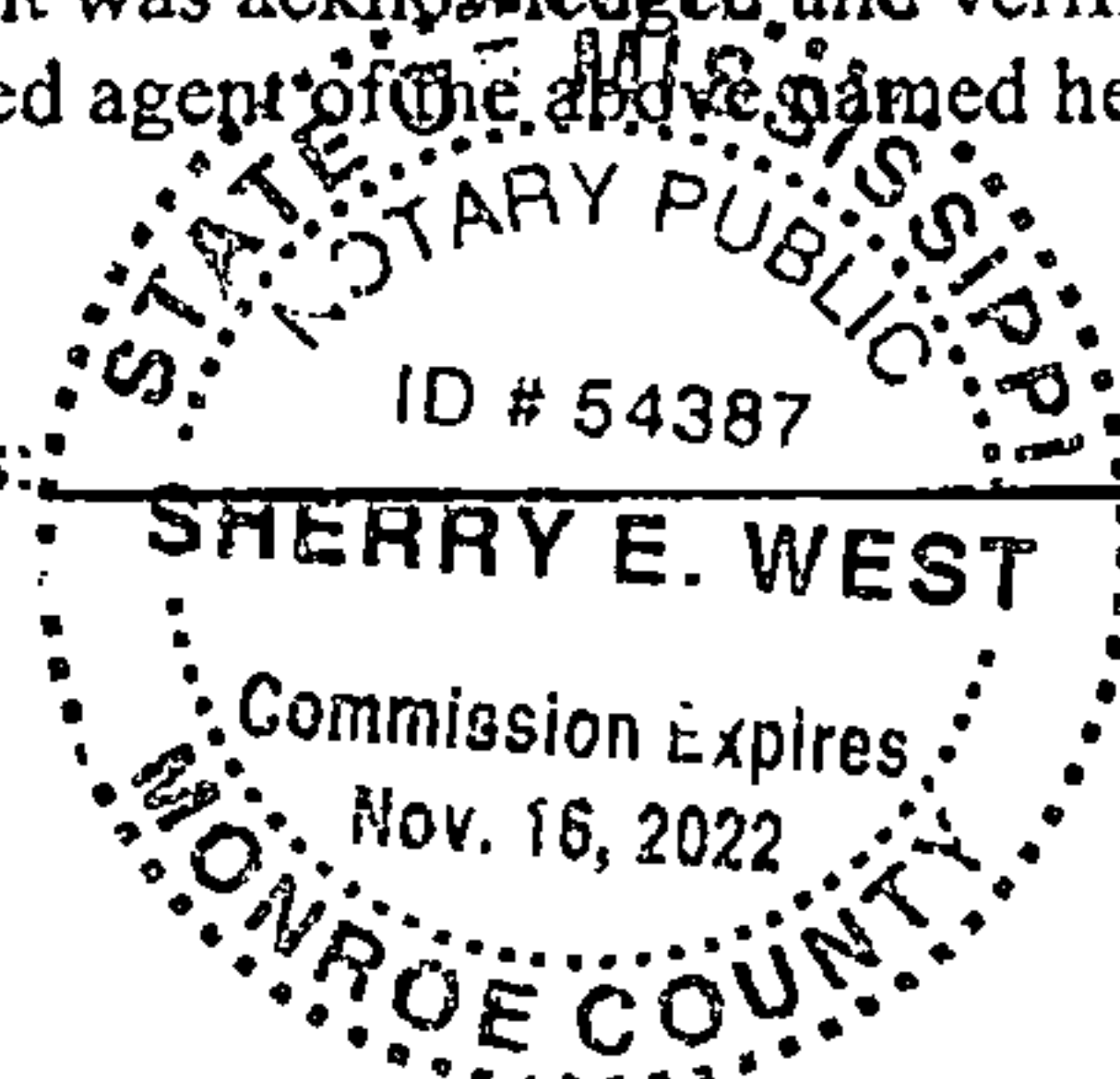
By:

Courtney B. Smith
 Courtney B. Smith, Esq. (2987N58S)
 Authorized Agent for Shelby 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, July 7, 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