

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 Travis Reynolds.

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

Name of Patient:

Travis Reynolds

Address of Patient:

1210 Egg Butter Road

Columbiana, AL 35051

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

06/04/2020

Date of Discharge:

06/04/2020

Amount Due:

5,121.20

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:

1210 Egg Butter Road

Columbiana, AL 35051

This lien shall be enforced upon all claims accruing to Travis Reynolds 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:

Michael Shunnarah

Alexander Shunnarah Personal Injury Attorneys

1100 23rd Street South Birmingham, AL 35205

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi County of Lowndes

Prepared by:

514 Waldron St.

Corinth, MS 38834

Courtney B. Smith, Esq.

The foregoing statement was acknowledged and verified before me this Friday, July 17, 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:

MEDDVE WEST

ID # 54387

Nov. 16, 2022

NOTARY PUBLIC