

**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 Jamie Schultz.

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

Name of Patient:	<b>Jamie Schultz</b>
Address of Patient:	<b>221 Hill Crest Drive Montevallo, AL 35115</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>06/04/2020</b>
Date of Discharge:	<b>06/06/2020</b>
Amount Due:	<b>3,990.00</b>

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:

**Travelers - IIB5584**

**P.O. Box 430**

**Buffalo, NY 14240**

**Farmers Insurance - 7001384626**

**P.O. Box 268994**

**Oklahoma City, OK 73126**

This lien shall be enforced upon all claims accruing to Jamie Schultz 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:

**David Whatley  
Slocumb Law Firm, LLC  
145 East Magnolia Avenue, Suite 201  
Auburn, AL 36830**

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

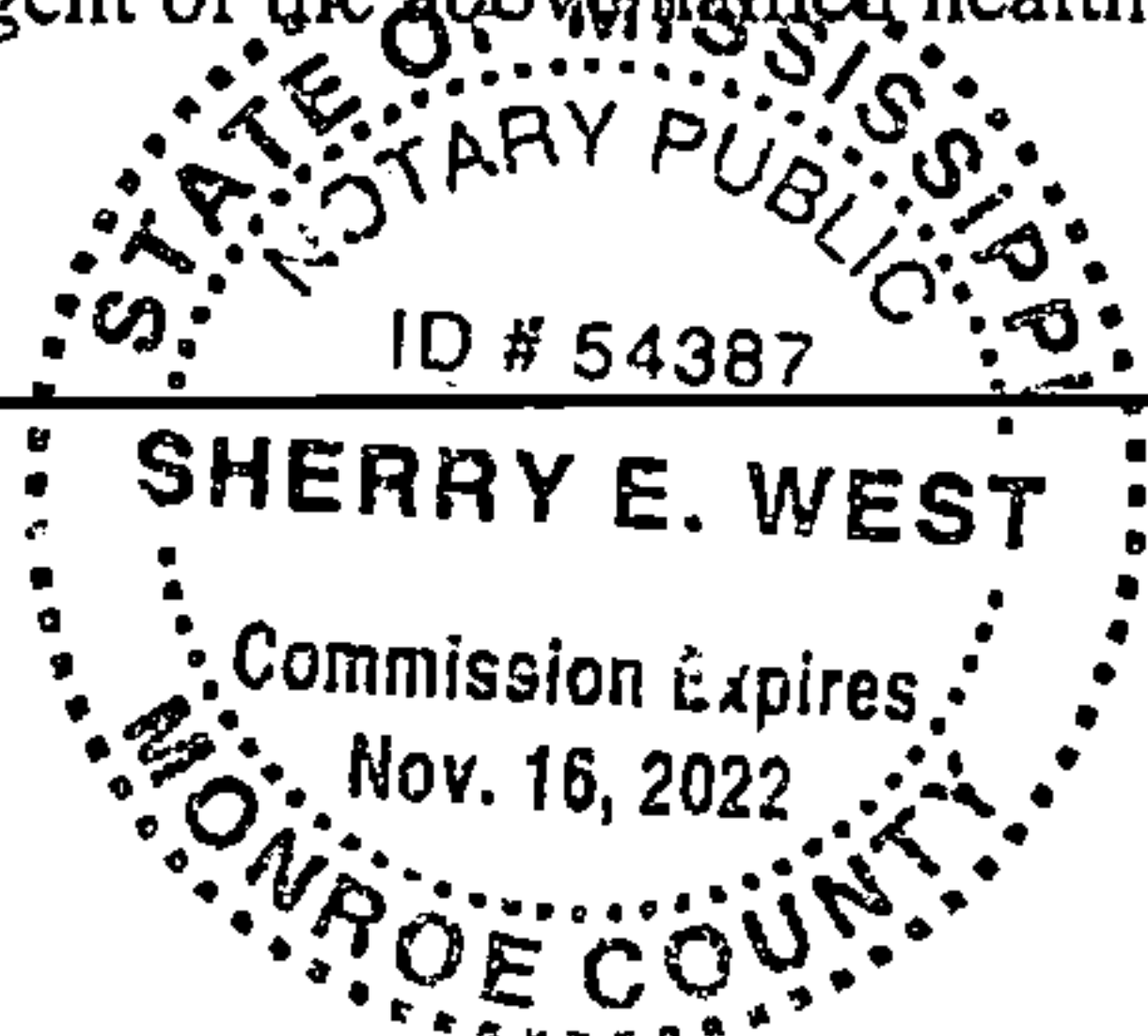
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, July 30, 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

