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 Shelby Cnty Judge of Probate, AL  
 01/27/2021 09:30:31 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 Melvin McCall.

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

Name of Patient:	Melvin McCall
Address of Patient:	572 Sasafras Street Gallion, AL 36742
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	10/27/2020
Date of Discharge:	10/27/2020
Amount Due:	4,326.00

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 Insurance - 0112X608H

P.O. Box 106170

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Melvin McCall 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:

By:

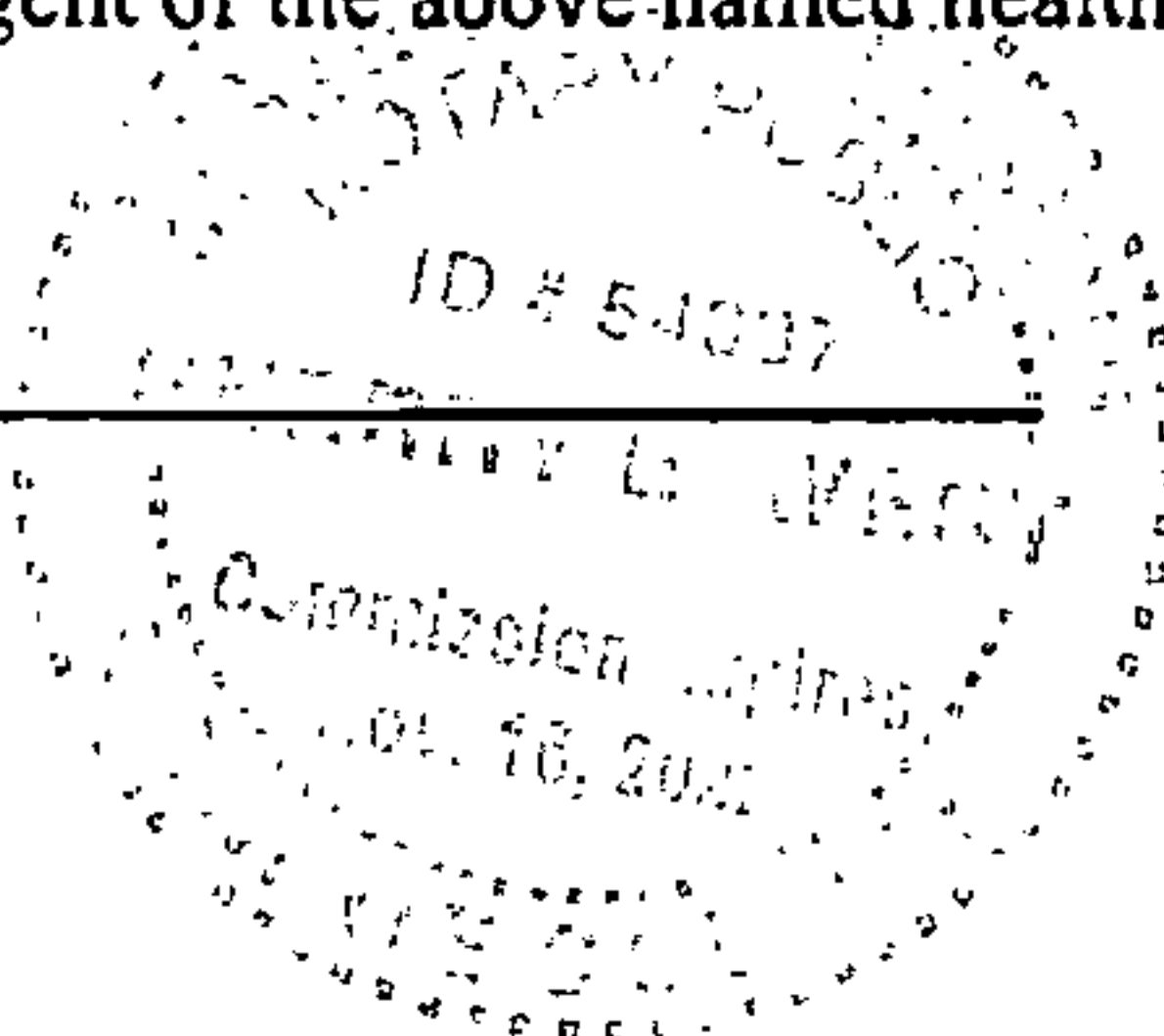
Courtney B. Smith  
 Courtney B. Smith, Esq. (2987N58S)  
 Authorized Agent for Shelby Baptist Medical Center  
 FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, January 14, 2021, 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: \_\_\_\_\_



Shirley C. Cook  
 NOTARY PUBLIC