

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



20210127000044790 1/1 \$.00
Shelby Cnty Judge of Probate, AL
01/27/2021 11:12:16 AM FILED/CERT

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 Ahmar Burrell.

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

Name of Patient: **Ahmar Burrell**
Address of Patient: **5572 Magnolia Bluff Road**
Stockton, AL 36579
Name of Hospital/Operator Thereof: **Baptist Health System, Inc.**
Address of Hospital/Operator Thereof: **1000 1st Street North**
Alabaster, AL 35007
Date of Admission: **11/26/2020**
Date of Discharge: **11/26/2020**
Amount Due: **12,593.22**

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 - 0114J258N
Progressive - 206797306

P.O. Box 106171

Atlanta, GA 30348

2100 Riverchase Center Building 100 Suite 110
Birmingham, AL 35244

This lien shall be enforced upon all claims accruing to Ahmar Burrell 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 East Waldron Street
Corinth, MS 38834

By:

Courtney B. Smith

Courtney B. Smith, Esq. (2987N58S)

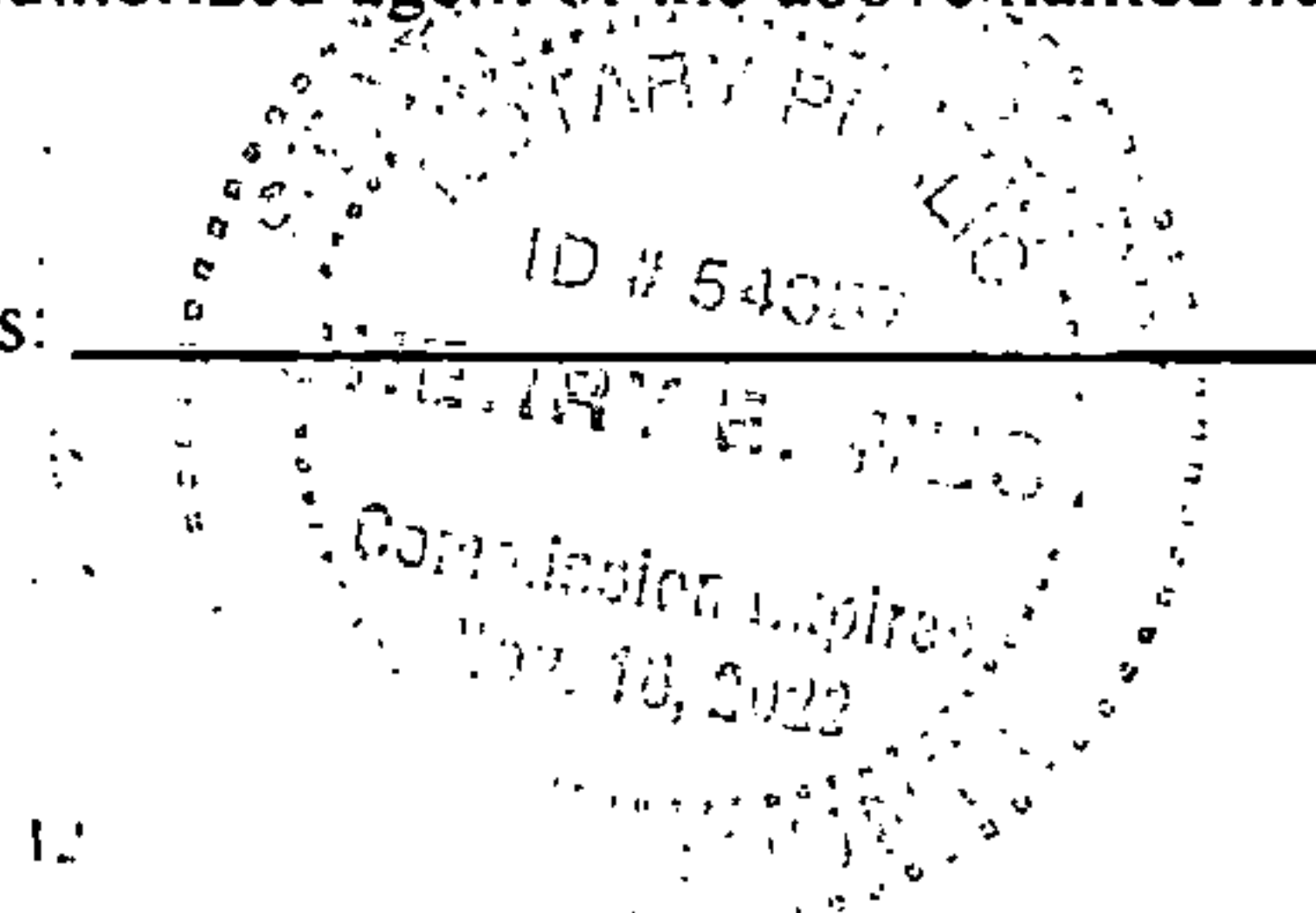
Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, January 19, 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:



Gray Celest
NOTARY PUBLIC