

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 Caleb Minton.

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

Name of Patient:

Caleb Minton

Address of Patient:

573 Waterstone Drive

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:

08/17/2020

Date of Discharge:

08/18/2020

Amount Due:

695.00

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:

Caleb Minton -

573 Waterstone Drive

Montevallo, AL 35115

This lien shall be enforced upon all claims accruing to Caleb Minton and his/her legal representative(s) in connection with the injuries which hecessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

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1:::

Brett Hollett

Farris, Riley & Pitt, LLP

The Financial Center, 505 20th St N, Ste 1700

Birmingham, AL 35203

Prepared by: Courtney B. Smith, Esq.

514 East Waldron Street Corinth, MS 38834

By:

netter 15. 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 Friday, March 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:

10 # 54387

NOTARY PUBLIC