

20211201000571800 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/01/2021 08:37:26 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 William Johnson.

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

Name of Patient:

William Johnson

Address of Patient:

215 Weatherly Club Drive

Alabaster, AL 35007

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

10/05/2021

Date of Discharge:

10/05/2021

Amount Due: a C

7,120.01

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:

ml.

Safeway Insurance - 1141030AL

300 Riverhills Business Park, Suite 360

Birmingham, AL 35242

This lien shall be enforced upon all claims accruing to William Johnson 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:

3(1)

Heit

Allison Moody

Lloyd & Hogan

2871 Acton Road, Suite 201

Birmingham, AL 35243

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

NOTARY PUBLIC

FOR INQUIRIES-CALL (855)-283-2887

State of Mississippi

Prepared by:

Courtne / B. Smith, Esq.

514 Eask Waldron Street

Corinth MS 38834

County of Lowndes

The foregoing statemelijus as acknowledged and verified before me this Tuesday, November 23, 2021, by Courtney B. Smith, Esq., the duly silthorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires

ID # 54387

SHERRY E. WEST