

20211206000580550 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/06/2021 01:06:12 PM 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 Nicole Patterson.

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

Name of Patient:

Nicole Patterson

Address of Patient:

959 Shannon Drive Apt E

Cookeville, TN 38506

Name of Hospital/Operator Thereof:

OM

ME

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

08/14/2021

Date of Discharge:

08/14/2021

Amount Due:

694.67

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:

Farm Bureau - 10000007832

1350 Salem Road

Cookesville, TN 38506

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This lien shall be enforced upon all claims accruing to Nicole Patterson 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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Prepared by: Courtney B. Smith, Esq. 514 East Waldron Street Corinth, MS 38834

By:

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 Monday, November 29, 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

ID # 54387