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Shelby Cnty Judge of Probate, AL
02/03/2022 11:04:22 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 Danielle Hom.

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

| | |
|---|---|
| Name of Patient: | **Danielle Hom** |
| Address of Patient: | **6078 Crown Falls Parkway**<br>**Hoover, AL 35244** |
| Name of Hospital/Operator Thereof: | **Baptist Health System, Inc.** |
| Address of Hospital/Operator Thereof: | **1000 1st Street North**<br>**Alabaster, AL 35007** |
| Date of Admission: | **09/29/2021** |
| Date of Discharge: | **09/29/2021** |
| Amount Due: | **27,012.41** |

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:

**Danielle Hom - 6078 Crown Falls Parkway Hoover, AL 35244**

This lien shall be enforced upon all claims accruing to Danielle Hom 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:

**Isaac Roitman**
**Alexander Shunnarah Injury Lawyers, P.C.**
**3626 Clairmont Avenue South**
**Birmingham, AL 35222**

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 Monday, January 24, 2022, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 34187 SHERRY WEST Commission Expires Nov. 16, 2022 MONROE COUNTY

My commission expires: _____

NOTARY PUBLIC