

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



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Shelby Cnty Judge of Probate, AL
10/26/2022 10:45:57 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 Minnie Fuentes.

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

Name of Patient:	Minnie Fuentes
Address of Patient:	3643 CO Road 105
	Hartford, AL 36344
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North
	Alabaster, AL 35007
Date of Admission:	09/05/2022
Date of Discharge:	09/05/2022
Amount Due:	3,892.20

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:

Geico - 8761359450000001

One Geico Center

Macon, GA 31296

This lien shall be enforced upon all claims accruing to Minnie Fuentes 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, 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, October 14, 2022, 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:



NOTARY PUBLIC