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 Jose Casas.

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

Name of Patient:

Jose Casas

Address of Patient:

2047 Little Mountain Circle

Pelham, AL 35124

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

09/13/2019

Date of Discharge:

09/13/2019

Amount Due:

2,982.20

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:

State Farm - 01B4686V1

P.O. Box 106170

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Jose Casas 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: Jeremy Alan Blaylock, Esq.

514 East Waldron St.

Corinth, MS 38834

By:

NOTARY

PUBLIC

Jeremy Alan Blaylock, Esq. (BLA104)

Authorized Agent for Shelby Baptist Medical Center

**FOR INQUIRIES CALL (855) 283-2887** 

State of Mississippi

County of Alcorn

The foregoing statement was acknowledged and verified before me this Tuesday, October 1, 2019, by Jeremy Alan Blaylock, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:

NOTARY PUBLIC

Shelby Cnty Judge of Probate, AL 10/07/2019 08:55:36 AM FILED/CERT