

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 Jerome McCarter.

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

Name of Patient:	Jerome McCarter
Address of Patient:	757 Simsville Road Alabaster, AL 35007-4121
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	12/08/2019
Date of Discharge:	12/08/2019
Amount Due:	2,097.00

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:

AIG Insurance - 7077745393US

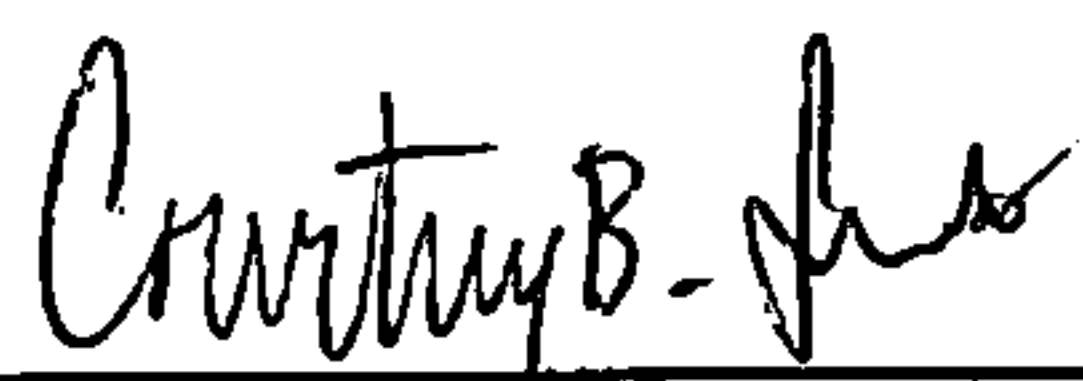
P.O. Box 25967

Shawnee Mission, KS 66225

This lien shall be enforced upon all claims accruing to Jerome McCarter 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 Waldron St.
Corinth, MS 38834

By:



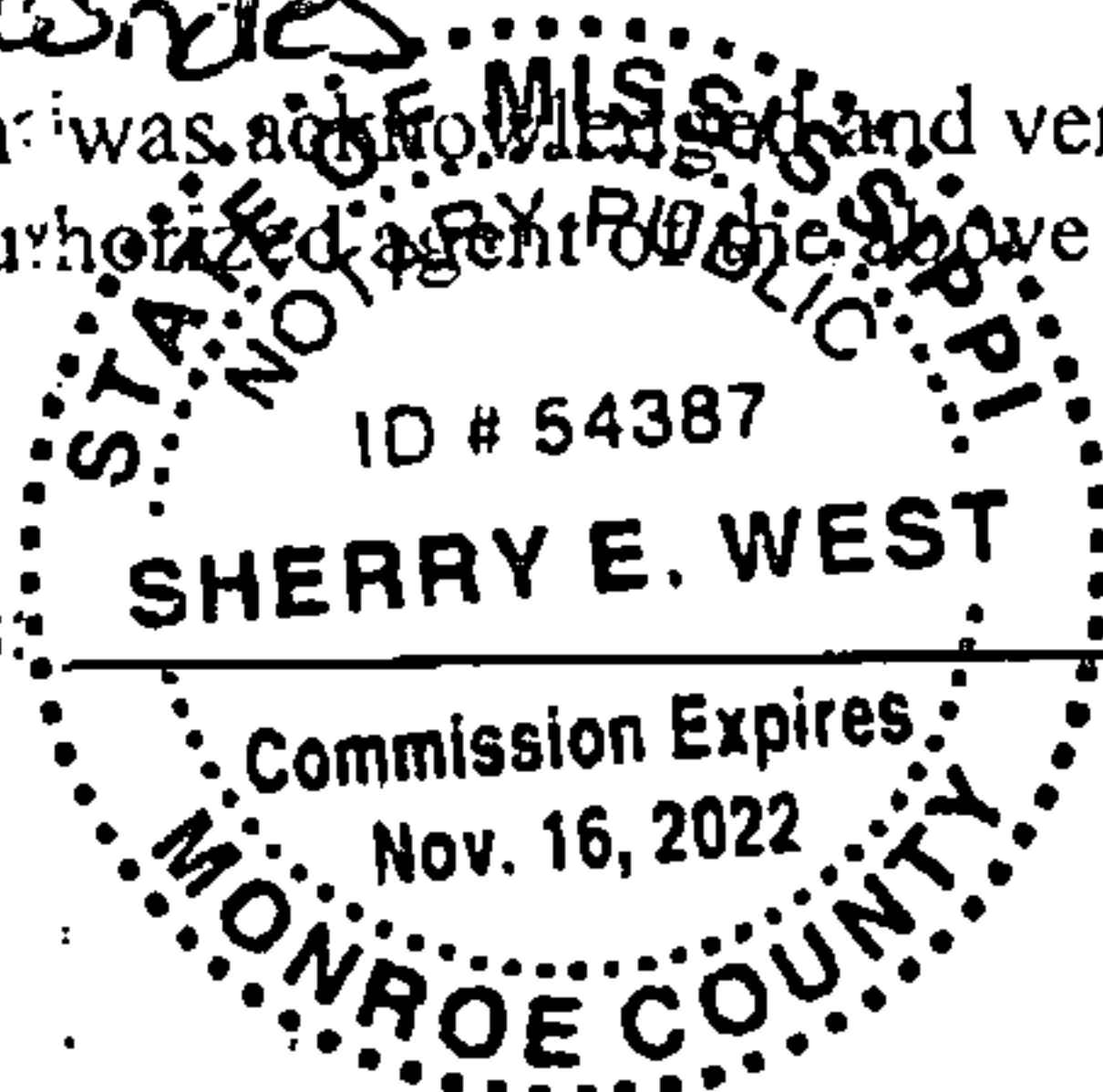
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (855) 283-2887

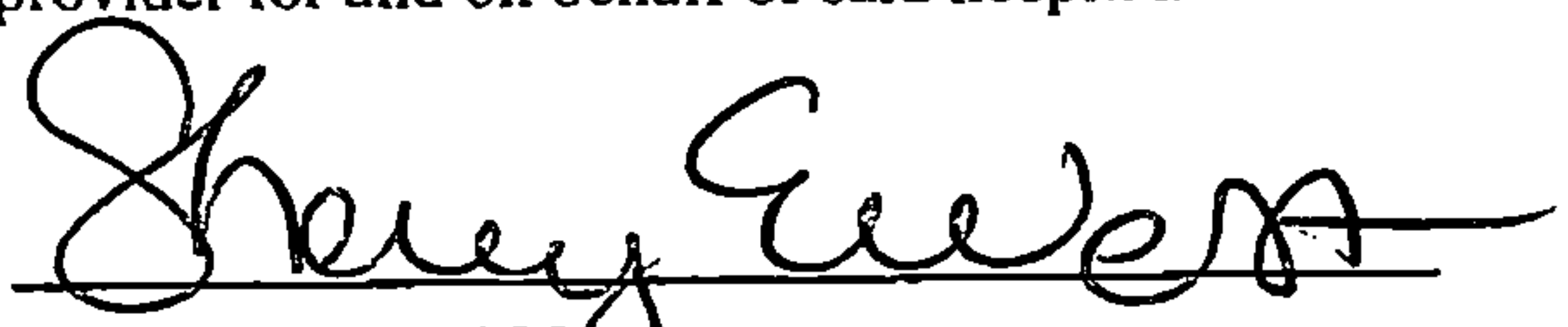
State of Mississippi

County of ~~Alcorn~~ **Lauderdale**

The foregoing statement was acknowledged and verified before me this Monday, January 20, 2020, 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

