

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 Brittney Martin.

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

Name of Patient:	Brittney Martin
Address of Patient:	204 Highway 405
	Shelby, AL 35143
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North
	Alabaster, AL 35007
Date of Admission:	12/26/2019
Date of Discharge:	12/26/2019
Amount Due:	2,930.86

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:

Brittney Martin -

204 Highway 405

Shelby, AL 35143

This lien shall be enforced upon all claims accruing to Brittney Martin 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:

Calle Mendenhall
Farris Riley & Pitt LLP
505 20th Street North, Suite 1700
Birmingham, AL 35203

Prepared by:
Courtney B. Smith, Esq.
514 Waidron St
Corinth, MS 38834

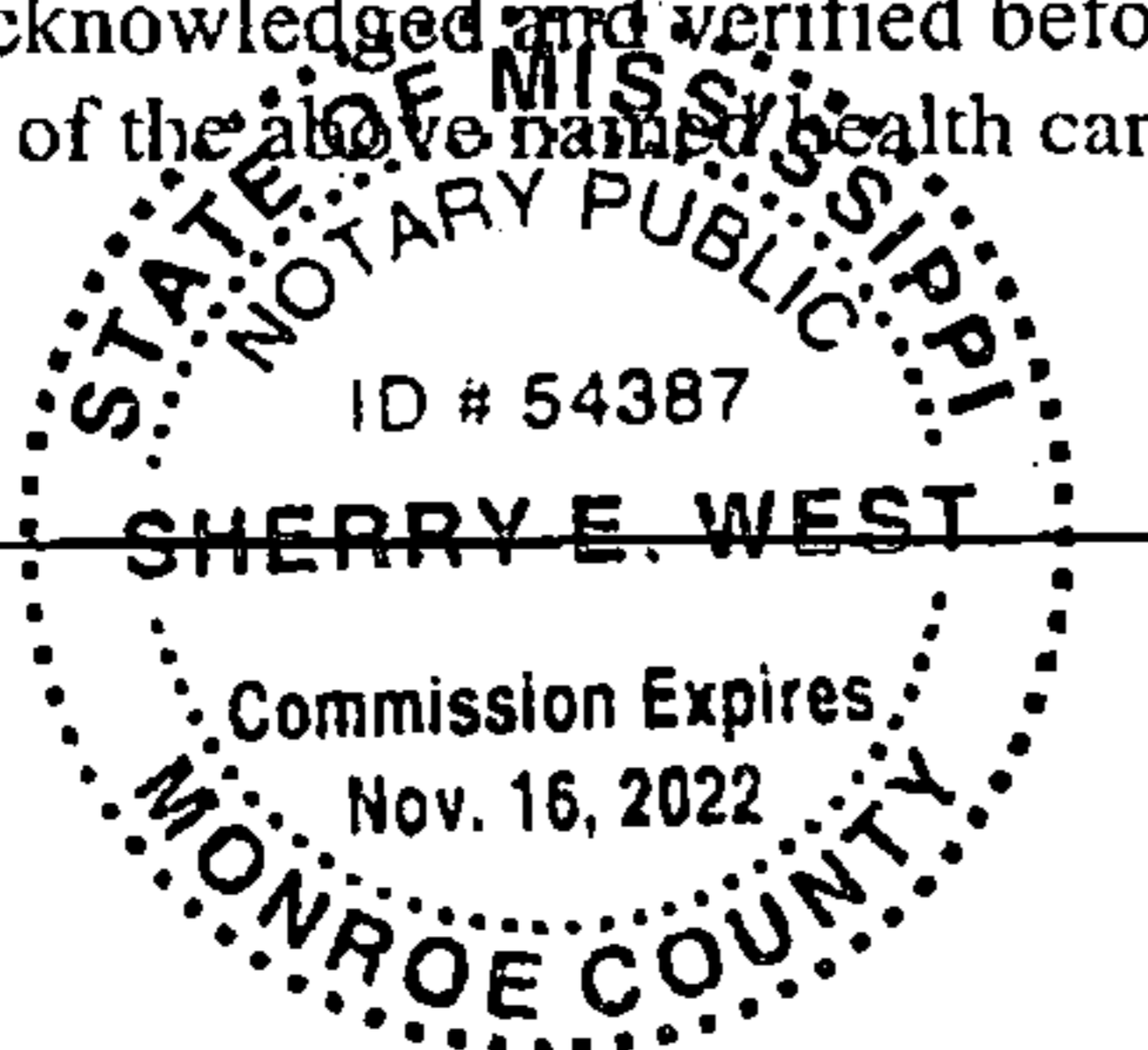
By: _____

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 Friday, January 24, 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: _____



Sherry E. West
NOTARY PUBLIC

