

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 Aurelia Davis.

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

Name of Patient:	<b>Aurelia Davis</b>
Address of Patient:	<b>2811 Bridlewood Terrace Helena, AL 35080</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>12/23/2019</b>
Date of Discharge:	<b>12/24/2019</b>
Amount Due:	<b>229.75</b>

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:

Allstate Insurance - 0572765971

P. O. Box 2874

Clinton, IA 52733

Allstate Insurance - 0573577526

P.O. Box 385004

Birmingham, AL 35238

This lien shall be enforced upon all claims accruing to Aurelia Davis 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:

**Edmond Earle  
The Earle Law Firm  
1820 7th Avenue North Suite 105  
Birmingham, AL 35203**

Prepared by:  
Courtney B. Smith, Esq.  
514 Waldron 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**

Commission Expires  
Nov. 16, 2022

NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL  
01/31/2020 10:35:18 AM FILED/CERT