

**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 Zaria Ward.

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

Name of Patient:	<b>Zaria Ward</b>
Address of Patient:	<b>320 Ginger Drive Northeast Center Point, AL 35215</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>12/10/2019</b>
Date of Discharge:	<b>12/10/2019</b>
Amount Due:	<b>2,097.00</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 - 0571205574**

**P.O. Box 660636**

**Dallas, TX 75266**

This lien shall be enforced upon all claims accruing to Zaria Ward 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:

**Michael Gedgoudas  
Gedgoudas & Miller  
2 North 20th Street, Suite 1350  
Birmingham, AL 35203**

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

By: \_\_\_\_\_

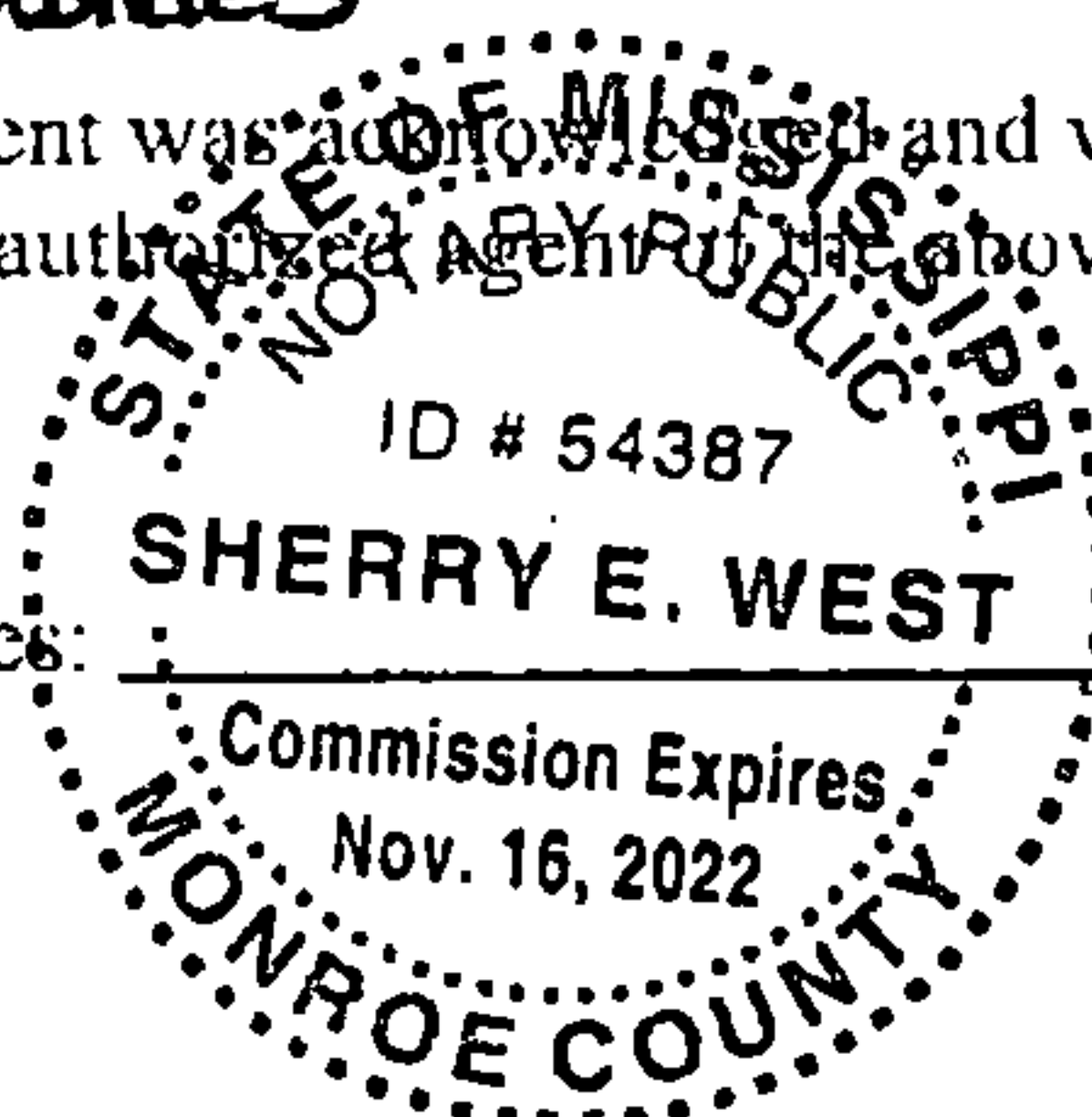
*Courtney B. Smith*  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi

County of ~~Alcorn~~ **Lowndes**

The foregoing statement was acknowledged and verified before me this Wednesday, January 22, 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