

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 Tywuan Ward.

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

Name of Patient:

Tywuan Ward

Address of Patient:

320 Ginger Drive Northwest

Center Point, AL 35215

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

12/10/2019

Date of Discharge:

12/10/2019

Amount Due:

5,346.98

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 Tywuan 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, 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 arthorized agent bithe above named health care provider for and on behalf of said hospital.

ID # 54387

Commission Expires

My commission expires:

E. WEST :

NOTARY PUBLIC