

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051



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Shelby Cnty Judge of Probate, AL
04/02/2020 02:53:20 PM FILED/CERT

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 Marcus Holliman.

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

Name of Patient:	Marcus Holliman
Address of Patient:	320 Waterstone Lane Montevallo, AL 35115
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	10/16/2019
Date of Discharge:	10/16/2019
Amount Due:	20,390.57

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 - 0564879237

P.O. Box 2874

Clinton, IA 52733-2874

This lien shall be enforced upon all claims accruing to Marcus Holliman 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

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

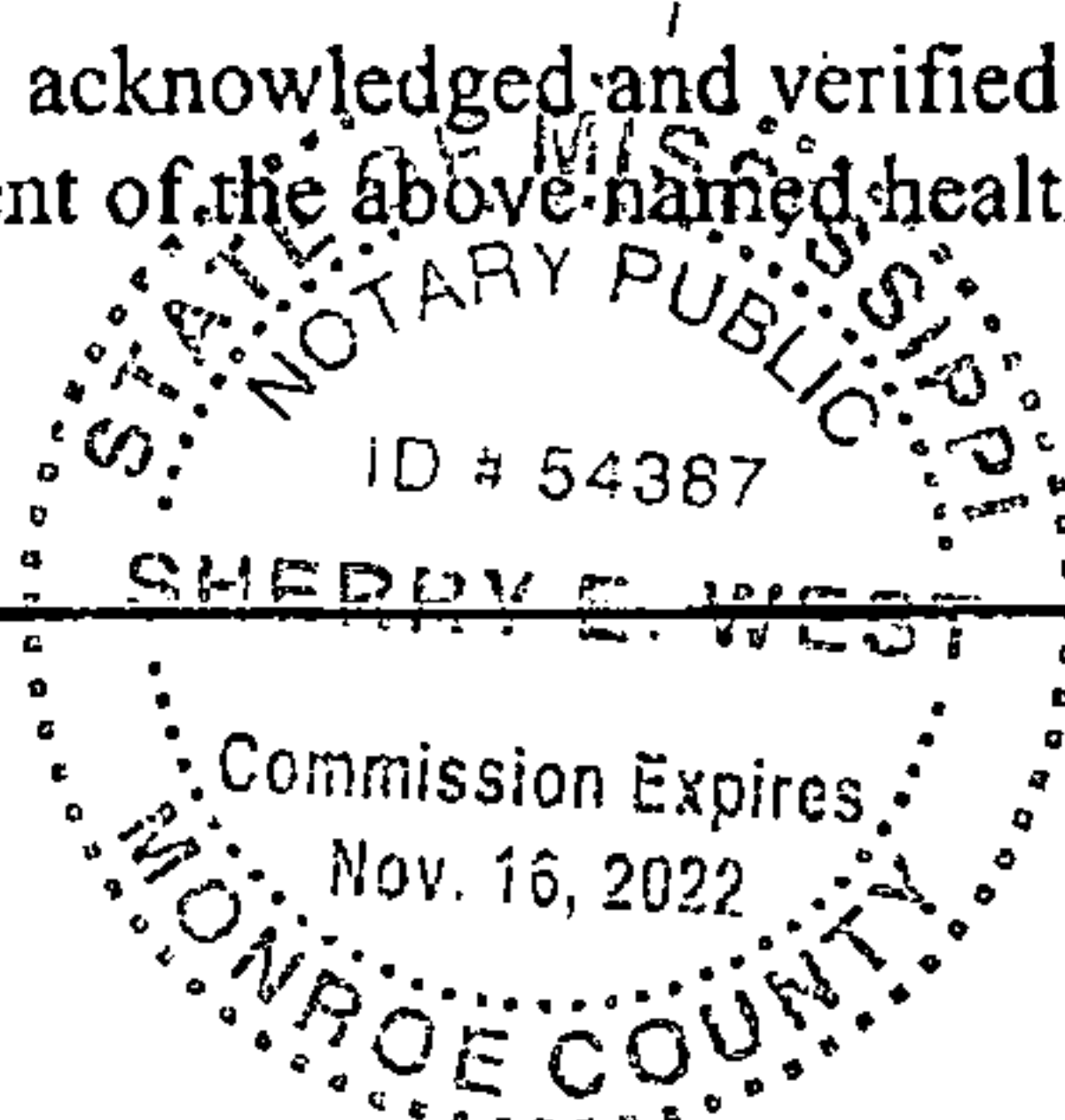
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, March 30, 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