

Shelby Cnty Judge of Probate, AL 06/11/2020 08:23:54 AM FILED/CERT

Shelby County Probate Office TO: 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 Jeffrey Hall.

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

Name of Patient:

Jeffrey Hall

Address of Patient:

8770 Highway 155

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:

05/08/2020

Date of Discharge:

05/09/2020

Amount Due:

158.30

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:

National General Insurance - 200171496

P.O. Box 1623

Winston Salem, NC 27102

This lien shall be enforced upon all claims accruing to Jeffrey Hall 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, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, June 4, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the above named bealth care provider for and on behalf of said hospital.

My commission expires:

SHERRY E. WEST-

Commission Expires.

NOTARY PUBLIC