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Shelby Cnty Judge of Probate, AL  
07/21/2020 10:05:34 AM FILED/CERT

**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 Megan Harris.

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

Name of Patient:	<b>Megan Harris</b>
Address of Patient:	<b>120 Sunrise Lane Lot 2 Sylacauga, AL 35150</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>06/11/2020</b>
Date of Discharge:	<b>06/11/2020</b>
Amount Due:	<b>250.00</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:

Geico - 8675805750000001

P.O. Box 9091


Macon, GA 31208

This lien shall be enforced upon all claims accruing to Megan Harris 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:

**Paul Spina  
Alexander Shunnarah Personal Injury Attorneys  
2900 First Avenue South  
Birmingham, AL 35233**

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

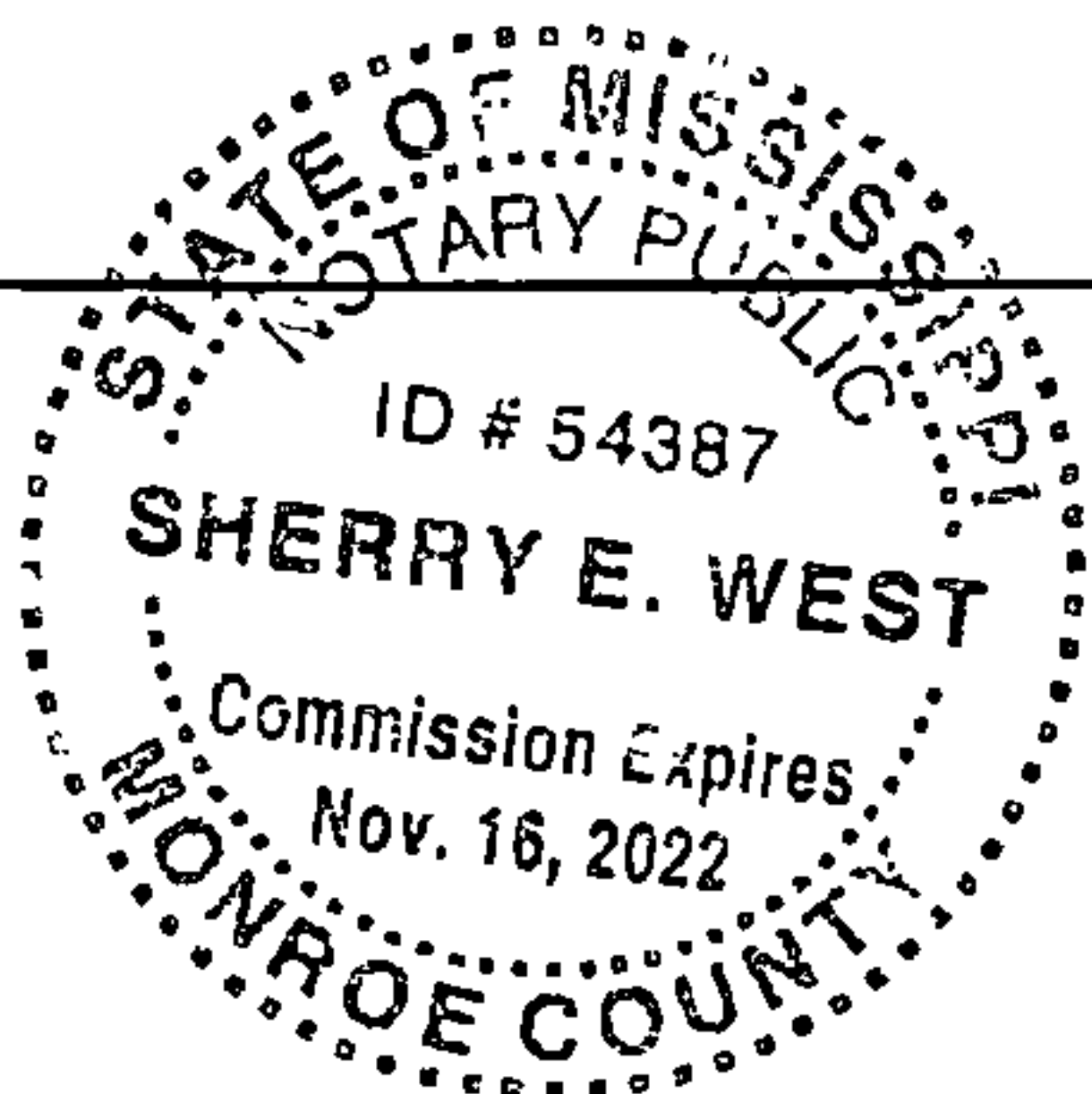
By:

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

State of Mississippi  
County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, July 15, 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: \_\_\_\_\_



  
NOTARY PUBLIC