

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

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Shelby Cnty Judge of Probate, AL
08/05/2020 10:04:11 AM 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 Kaitlinn Jones.

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

Name of Patient:	Kaitlinn Jones
Address of Patient:	515 Old Highway 25 West Apt 26 Columbiana, AL 35051
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	06/19/2020
Date of Discharge:	06/19/2020
Amount Due:	2,876.40

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:

Direct General - 200225746

P.O. Box 1623

Winston Salem, NC 27102

This lien shall be enforced upon all claims accruing to Kaitlinn Jones 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

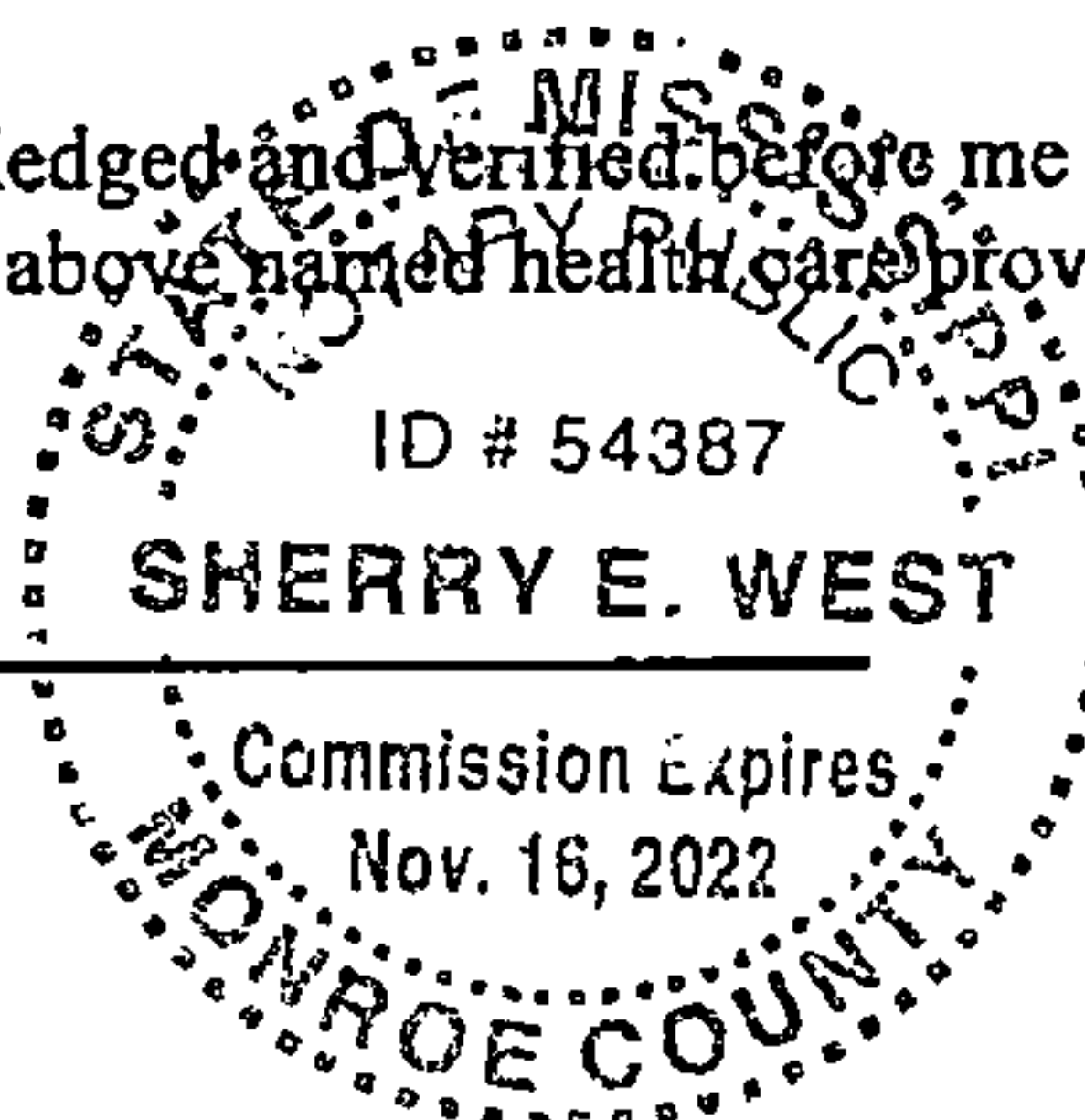
By:

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 Tuesday, July 28, 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