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 Shelby Cnty Judge of Probate, AL  
 09/15/2020 03:52:53 PM 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 Lauren Haskins.

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

Name of Patient:	Lauren Haskins
Address of Patient:	340 12th Southwest Street Alabaster, AL 35007
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	06/23/2020
Date of Discharge:	06/23/2020
Amount Due:	3,652.83

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:

**Lauren Haskins -** 340 12th Southwest Street Alabaster, AL 35007

This lien shall be enforced upon all claims accruing to Lauren Haskins 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:

Kirby Farris  
 Farris Riley & Pitt LLC  
 505 20th Street North, Suite 1700  
 Birmingham, AL 35203

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

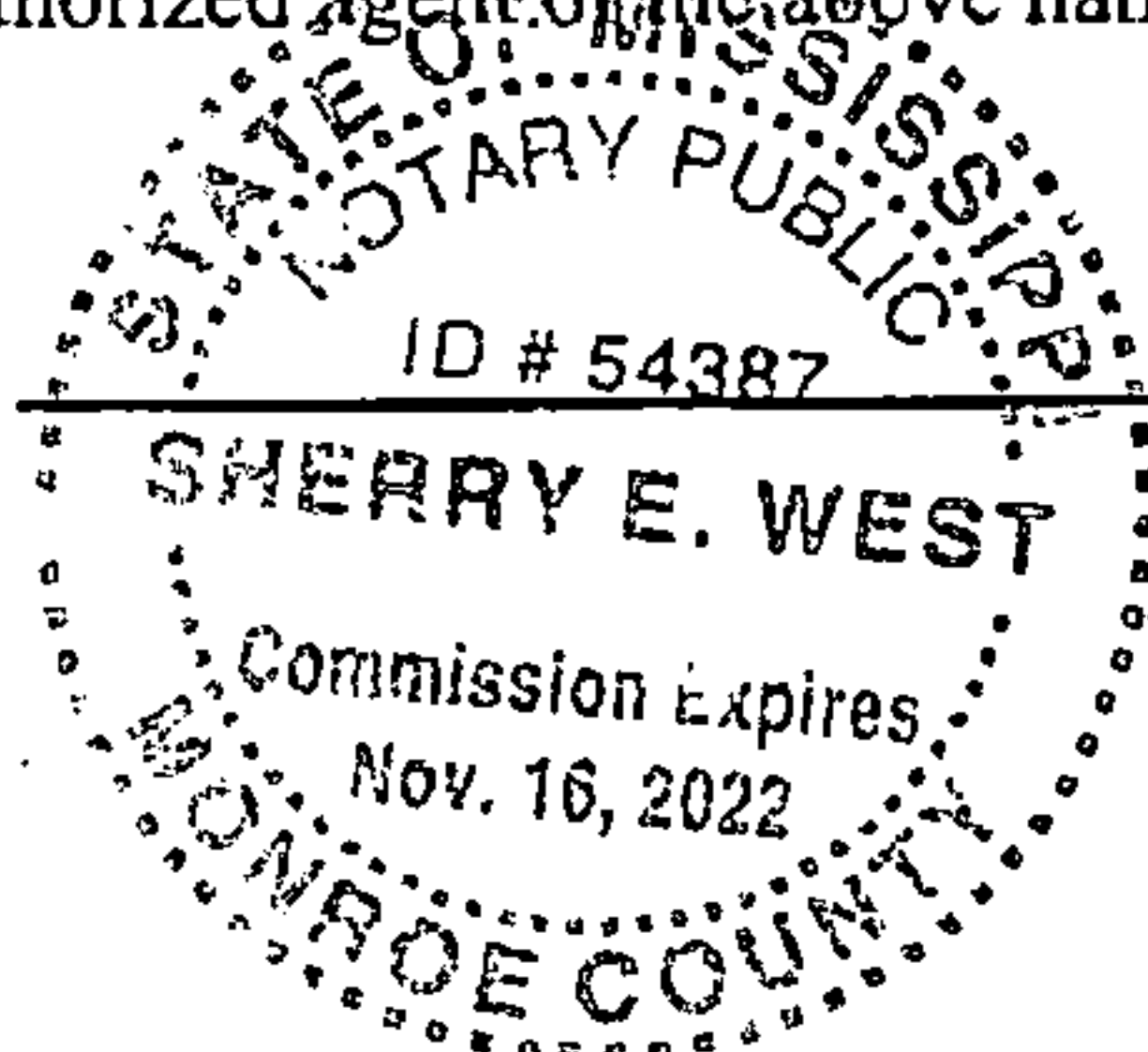
By:

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 Thursday, September 3, 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