

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 Cynthia James.

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

Name of Patient:

Cynthia James

Address of Patient:

106 William Court

Prattville, AL 36066

Name of Hospital Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1900 1st Street North

Alabaster, AL 35007

Date of Admission:

08/14/2020

Date of Discharge

08/14/2020

Amount Due:

600.00

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:

Cynthia James -

106 William Court

Prattville, AL 36066

This lien shall be enforced upon all claims accruing to Cynthia James and his/her legal representative(s) in connection with the injuries which hecessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

Henry A. Lawrence, III Wettermark Keith

100 Grandview Place, Suite 530

Birmingham, AL 35243

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

10

141

The foregoing statement was acknowledged and verified before me this Friday, September 25, 2020, by Courtney B. Smith, Esq., the duly authorized agent of the approximated health care provider for and on behalf of said hospital.

My commission expires

ID # 54387

SHEFRYE. WEST

mmission Expires

NOTARY PUBLIC