TO:

Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20201109000511730 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/09/2020 12:52:36 PM 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 John McKinney.

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

Name of Patient:

John McKinney

Address of Patient:

5846 South Shades Crest Road

Bessemer, AL 35022

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

09/20/2020

Date of Discharge:

09/20/2020

Amount Due:

389.89

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:

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John McKinney -

5846 South Shades Crest Road

Bessemer, AL 35022

This lien shall be enforced upon all claims accruing to John McKinney 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 East Waldron Street Corinth, MS 38834 Alexander Shunnarah Personal Injury Attorneys

3626 Clairmont Ave. S

Birmingham, AL 35222-3508

By:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

nectory S. Amon

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Wednesday, October 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:

ID # 54387

SHEDDY E. WEDT

Commission Expires

NOTARY PUBLIC