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Shelby Cnty Judge of Probate, AL 03/05/2021 02:27:41 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 Christina Barnes.

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

Name of Patient:

Christina Barnes

Address of Patient:

6367 Montevallo Road

Centreville, AL 35042

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

560

1000 1st Street North

Alabaster, AL 35007

Date of Admissions

12/16/2020

Date of Discharge:

12/16/2020

Amount Due:

10,215.45

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:

National General Insurance - 200528541

P.O. Box 1623

Winston-Salem, NC 27102

This lien shall be enforced upon all claims accruing to Christina Barnes 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:

Anthony Johnson

Johnson Law Firm, LLC

P. O. Box 188

Centerville, AL 35042

Prepared by: Courtney B. Smith, Esq. 514 East Waldron Street 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 Monday, March 1, 2021, by Courtney B. Smith, Esq., the duly authorized agent of the above morned beauth agent at the courtney B. Smith,

Esq., the duly authorized agent of the above mamed health care provider for and on behalf of said hospital.

My commission expires:

ID # 54387

SHERRY E. WEST

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