Shelby County Probate Office TO:

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 Ashton Flemister.

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

Name of Patient:

Ashton Flemister

Address of Patient:

302 South 5th Avenue

Lanett, AL 36863

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

03/06/2021

Date of Discharge:

03/06/2021

Amount Due:

3,729.20

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:

Tristan Billingslea -

302 South 5th Avenue

Lanett, AL 36863

This lien shall be enforced upon all claims accruing to Ashton Flemister 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:

> Gregory K. Johnson, Jr. Morgan & Morgan 408 12th Street, Suite 200 Columbus, GA 31901

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

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FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, July 2, 2021, 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:

7.3

ID # 54387

Commission Expires.

NOTARY PUBLIC

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