

20210/2300035/460 171 \$.00 Shelby Cnty Judge of Probate, AL 07/23/2021 12:57:26 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 Stacey Head.

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

Name of Patient:

Stacey Head

Address of Patient:

PO Box 136

Columbiana, AL 35051

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Address of Hospital/Operator Thereor.

Alabaster, AL 35007

Date of Admission:

07/02/2021

Date of Discharge:

07/02/2021

Amount Due:

9,748.42

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:

Stacey Head -

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

PO Box 136

Columbiana, AL 35051

This lien shall be enforced upon all claims accruing to Stacey Head 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:

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Jonathan Cooner

Alexander Shunnarah Personal Injury Attorneys

3626 Clairmont Avenue South

Birmingham, AL 35222

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 Tuesday, July 20, 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:

D # 54387

SHERRY E. WEST

Commission Expires

NOPARY PUBLIC