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Shelby Cnty Judge of Probate, AL  
08/13/2021 10:54:39 AM 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 Cameron Naugher.

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

Name of Patient:	<b>Cameron Naugher</b>
Address of Patient:	<b>195 Highway 209</b>
	<b>Calera, AL 35040</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North</b>
	<b>Alabaster, AL 35007</b>
Date of Admission:	<b>07/18/2021</b>
Date of Discharge:	<b>07/18/2021</b>
Amount Due:	<b>233.59</b>

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:


**Cameron Naugher - 195 Highway 209 Calera, AL 35040**

This lien shall be enforced upon all claims accruing to Cameron Naugher 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:

**Isaac Roitman**  
**Alexander Shunnarah Personal Injury Attorneys**  
**3626 Clairmont Ave S**  
**Birmingham, AL 35222**

Prepared by:  
Courtney B. Smith, Esq.  
514 East Waldron Street  
Corinth, MS 38834

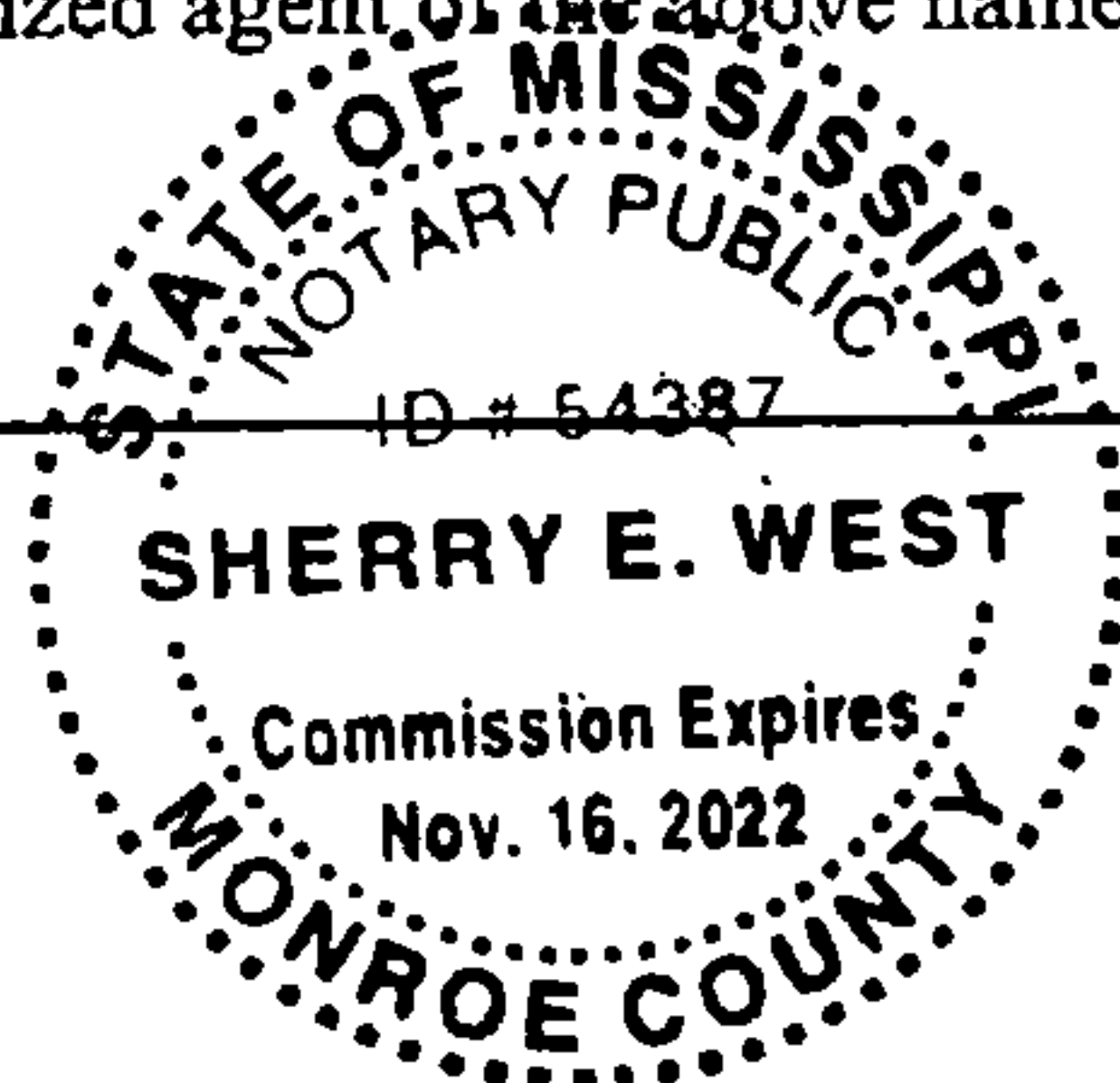
By:

  
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 Tuesday, August 10, 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:



  
NOTARY PUBLIC