

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 Latoya Woods.

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

Name of Patient¹

Latoya Woods

Name of Fatient.	L'aluya Wous
Address of Patient:	166 Nelson Walker Road Columbiana, AL 35051
Name of Hospital/Operator Thereof: Address of Hospital/Operator Thereof:	Baptist Health System, Inc. 1000 1st Street North Alabaster, AL 35007
Date of Admission:	07/08/2021
Date of Discharge:	07/08/2021
Amount Due:	2,344.00

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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Latoya Woods -

166 Nelson Walker Road

Columbiana, AL 35051

This lien shall be enforced upon all claims accruing to Latoya Woods 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:

By:

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

John Hollis McElheny

Alexander Shunnarah Personal Injury Attorneys 2900 1st Avenue South Birmingham, AL 35233

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Courtney B. Smith, Esq. (2987N58S) Authorized Agent for Shelby Baptist Medical Center FOR INQUIRIES CALL (855) 283-2887

County of Lowndes 11. The foregoing statement was acknowledged and verified before me this Monday, August 9, 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:

State of Mississippi

1D # 54387 CHEDRVE WEST



NOTARY PUBLIC