

20210916000452020 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/16/2021 11:17:07 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 Sharon James.

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

Name of Patient:

**Sharon James** 

Address of Patient:

1725 21st Avenue Apartment 18

Calera, AL 35040

Name of Hospital/Operator Thereof:

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Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

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Alabaster, AL 35007

Date of Admission:

05/26/2021

Date of Discharge:

05/26/2021

Amount Due:

4,770.60

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:

Progressive - 217936888

9725 NW 117th Ave Suite 400

Miami, FL 33178

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This lien shall be enforced upon all claims accruing to Sharon James 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:

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, September 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