

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 Harriett Wilson.

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

Name of Patient:	Harriett Wilson
Address of Patient:	303 Chestnut Lane Alabaster, AL 35007
Name of Hospital/Operator Thereof:	Baptist Health System, Inc.
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	03/16/2021
Date of Discharge:	03/16/2021
Amount Due:	6,160.01

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:

State Farm Insurance - 0117M885C

P.O. Box 106171

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Harriett Wilson 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*

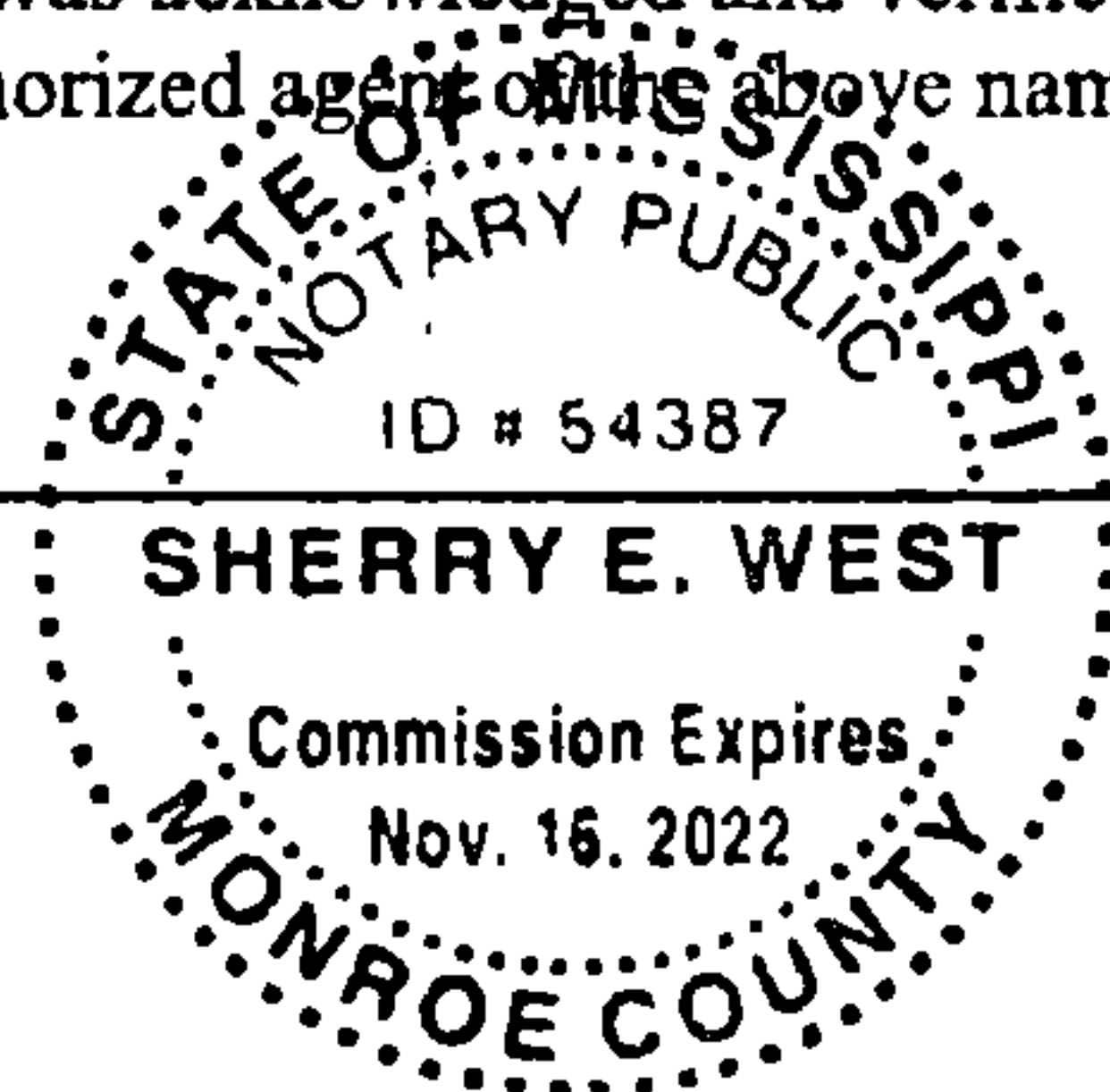
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, October 28, 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:



*Sherry E. West*  
NOTARY PUBLIC



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Shelby Cnty Judge of Probate, AL  
11/08/2021 02:09:12 PM FILED/CERT