

20211122000560420 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/22/2021 11:21:06 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 Ashley Woodson.

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

Name of Patient:

Ashley Woodson

Address of Patient:

133 Cohill Drive Alabaster, AL 35007

Name of Hospital/Operator Thereof:

Witt.

 $\Sigma$ 

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission

10/13/2021

Date of Discharge:

10/13/2021

Amount Due:

26,804.20

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:

Ashley Woodson -

Prepared by:

Courtney B. Smith, Esq.

Corinth, MS 38834

514 East Waldron Street

133 Cohill Drive

Alabaster, AL 35007

41

2.7

This lien shall be enforced upon all claims accruing to Ashley Woodson 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:

Lee Frison

The Law Offices of Lee A. Frison, Jr., P.C. Promenade II, 1230 Peachtree St NE, Suite 1900

Altanta, GA 30309

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, November 16, 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: ::

ID.# 54387

SHERRY E. WEST

 $\mathcal{A}_{\mathcal{T}}$ 

NOTARY PUBLIC

-

3.5