

20211223000606650 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/23/2021 01:07:48 PM 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 Sajad Dewani.

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

Name of Patient:

Sajad Dewani

Address of Patient:

2169 Bailey Brook Drive

Birmingham, AL 35244

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

09/27/2021

Date of Discharge:

09/27/2021

Amount Due: 487.47 One

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:

Sajad Dewani -

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth. MS 38834

2169 Bailey Brook Drive

Birmingham, AL 35244

This lien shall be enforced upon all claims accruing to Sajad Dewani 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:

(OII)

 $\cdot n$:

Alexander Shunnarah

Alexander Shunnarah Personal Injury Attorneys

3626 Clairmont Ave

Birmingham, AL 35222

By:

Toutsey B. Printe 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, December 7, 2021; by Courtney B. Smith, Esq., the duly authorized agentiof the above named health care provider for and on behalf of said hospital.

My commission expires 2:

1D = 54387

SHERRY E. WEST

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