

20211223000606700 1/1 \$.00 Shelby Cnty Judge of Probate, AL 12/23/2021 01:07:53 PM FILED/CERT

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 Amy Richey.

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

Name of Patient:

Amy Richey

Address of Patient:

1227 7th Avenue SW

Alabaster, AL 35007

Name of Hospital/Operator Thereof:

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Baptist Health System, Inc. 1000 1st Street North

Address of Hospital/Operator Thereof:

Alabaster, AL 35007

Date of AdmissionA

11/08/2021

Date of Discharge:

11/08/2021

Amount Due:

265.59

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:

Amy Richey -

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

1227 7th Avenue SW

Alabaster, AL 35007

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This lien shall be enforced upon all claims accruing to Amy Richey 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:

Walden, Bradford

SHUNARA INJURY LAWYERS, P.C

3626 Clairmont Ave S

Birmingham, AL 35222

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 Wednesday, December 8, 2021, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

ID # 54387

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