

20220323000118680 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/23/2022 01:17:13 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 Malachi McInstosh.

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

Name of Patient: Malachi McInstosh

Address of Patient: 247 Timber Ridge Circle

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:
 02/04/2022

 Date of Discharge:
 02/04/2022

Amount Due: 402.00

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:

USAA insurance - 043202134-002 P.O. Box 5000 Daphne , AL 36526

Geico Insurance - 8682117380000002 One Geico Center Macon, GA 31296-0001

This lien shall be enforced upon all claims accruing to Malachi McInstosh 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:

Edmond Earle

The Earle Law Firm

1820 7th Avenue North Suite 105

Birmingham, AL 35203

By:

WEST

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

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, March 15, 2022, 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