

**TO:** Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051



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Shelby Cnty Judge of Probate, AL  
05/17/2022 10:25:53 AM FILED/CERT

**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 Tyanna Newsome.

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

Name of Patient:	<b>Tyanna Newsome</b>
Address of Patient:	<b>2403 Spring Hill Road Northwest Huntsville, AL 35810</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>03/25/2022</b>
Date of Discharge:	<b>03/25/2022</b>
Amount Due:	<b>4,824.00</b>

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:

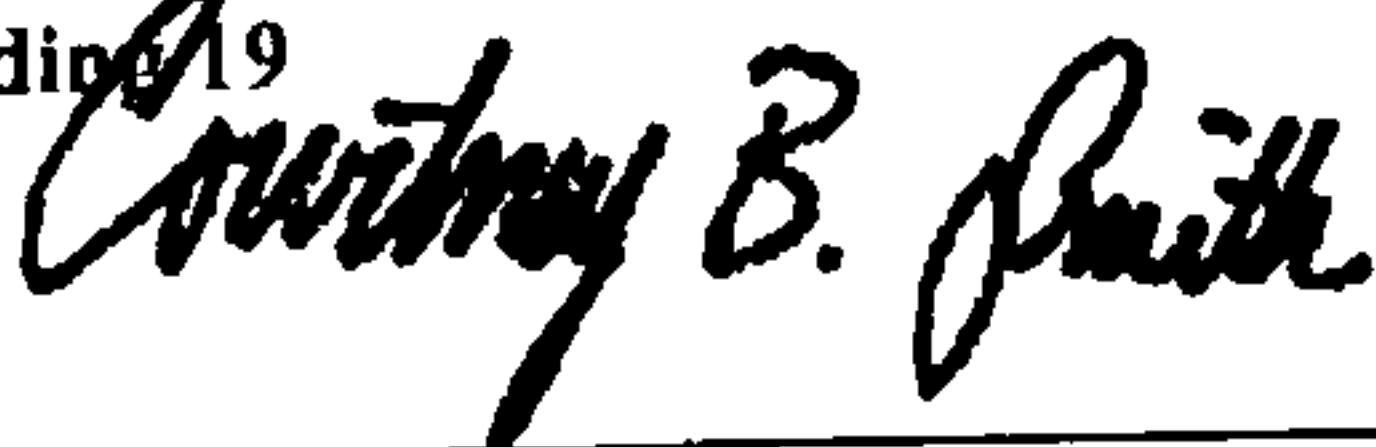
**Tyanna Newsome -** **2403 Spring Hill Road Northwest** **Huntsville, AL 35810**

This lien shall be enforced upon all claims accruing to Tyanna Newsome 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:

**Tiffany L. Tolliver**  
**Monge & Associates**  
**8205 Dunwoody Place Building 19**  
**Atlanta, GA 30350**

Prepared by:  
Courtney B. Smith, Esq.  
514 East Waldron Street  
Corinth, MS 38834

**By:**

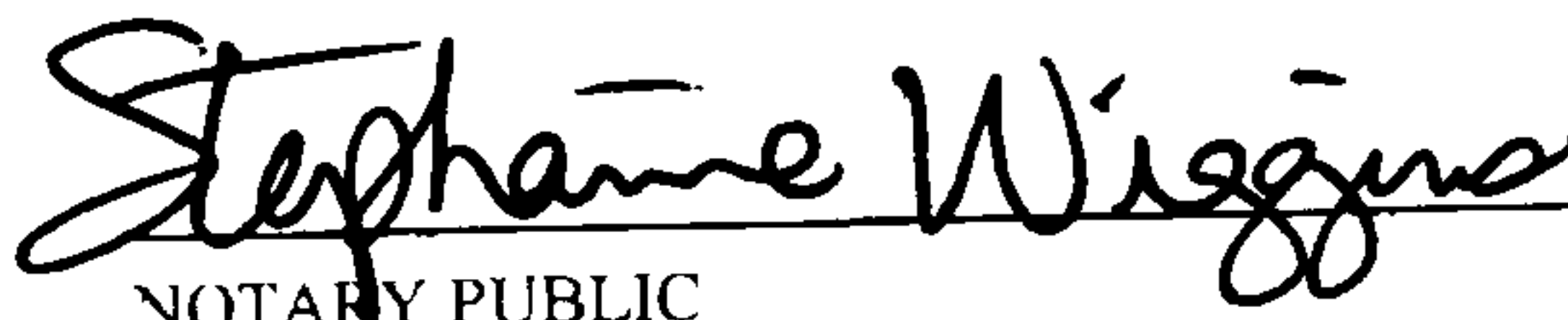
  
\_\_\_\_\_  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
**FOR INQUIRIES CALL (855) 283-2887**

State of Mississippi  
County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, May 9, 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