

20220624000252970 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/24/2022 11:16:51 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 Quinthia Thompson.

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

Quinthia Thompson Name of Patient: 151 Creek Run Way Address of Patient: Calera, AL 35040

Baptist Health System, Inc. Name of Hospital/Operator Thereof: 1000 1st Street North Address of Hospital/Operator Thereof:

Alabaster, AL 35007

Date of Admission: 12/31/2021 12/31/2021 Date of Discharge: Amount Due: 11,414.02

To the best of the claimant's knowledge, the following is/are the name(s) and address(cs) 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:

Los Angeles, CA 90051 P.O. Box 512926 **Progressive - 213053314**

ID # 100351

.Commission Expires ..

This lien shall be enforced upon all claims accruing to Quinthia Thompson 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:

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 Friday, June 17, 2022, by Courtney B. Smith, Esq., the duly authorized agent of the above ranged health care provider for and on behalf of said hospital.

My commission expires. STEPHANIE WIGGINS

NOTARY PUBLIC