TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20220921000364680 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/21/2022 12:59:20 PM 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 Simone Patterson.

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

Name of Patient: Simone Patterson

Address of Patient: 401 Weatherly Club Drive

Pelham, AL 35124

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North Alabaster, AL 35007

06/26/2022 06/27/2022

Amount Due:

Date of Admission:

Date of Discharge:

4,492.20

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:

Frederick Haynes -

Prepared by:

401 Weatherly Club Drive

Pelham, AL 35124

This lien shall be enforced upon all claims accruing to Simone Patterson 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:

Graves, David

Alexander Shunnarah Personal Injury Attorneys

3626 Clairmont Ave S

Birmingham, AL 35222

By:

ID # 100351

STEPHANIE WIGGINS:

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

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, September 13, 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