

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

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Shelby Cnty Judge of Probate, AL  
10/05/2022 12:57:04 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 John Werner.

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

|                                       |  |
|---------------------------------------|--|
| Name of Patient:                      | <b>John Werner</b>   |
| Address of Patient:                   | <b>12775 Hwy 25</b><br><b>Calera, AL 35040</b>             |
| Name of Hospital/Operator Thereof:    | <b>Baptist Health System, Inc.</b>                         |
| Address of Hospital/Operator Thereof: | <b>1000 1st Street North</b><br><b>Alabaster, AL 35007</b> |
| Date of Admission:                    | <b>05/27/2022</b>  |
| Date of Discharge:                    | <b>05/27/2022</b>  |
| Amount Due:                           | <b>3,044.00</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:

**John Werner -**

**12775 Hwy 25**

**Calera, AL 35040**

This lien shall be enforced upon all claims accruing to John Werner 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

**Victoria Dye**  
**Morgan & Morgan, P.A.**  
**2317 3rd Ave N, Suite 102**  
**Birmingham, AL 35203**

*Courtney B. Smith*

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 Tuesday, September 27, 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:



*Stephanie Wiggins*  
NOTARY PUBLIC