TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

20221020000396200 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/20/2022 12:10:01 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 Lorenzo Williams.

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

Name of Patient: Lorenzo Williams

Address of Patient: 1229 Johnson Street

Helena, AL 35080

Name of Hospital/Operator Thereof: Ba

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

08/26/2022

Date of Discharge:

08/27/2022

Amount Due:

19,100.81

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:

Lorenzo Williams -

1229 Johnson Street

By:

ID # 100351

STEPHANIE WIGGINS

Commission Expires

Helena, AL 35080

This lien shall be enforced upon all claims accruing to Lorenzo Williams 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:

Victoria Dye

Morgan & Morgan, P.A. 2317 3rd Ave N, Suite 102

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

Birmingham, AL 35203

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 Wednesday, October 5, 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