

202301030000001700 1/1 \$.00 Shelby Cnty Judge of Probate, AL 01/03/2023 11:56:23 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 Dakota Walton SR.

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

Name of Patient:

Dakota Walton SR

Address of Patient:

93 Carson Road

Wilsonville, AL 35186

Name of Hospital/Operator Thereof:

Baptist Health System, Inc.

Address of Hospital/Operator Thereof:

1000 1st Street North

Alabaster, AL 35007

Date of Admission:

11/11/2022

Date of Discharge:

11/11/2022

Amount Due:

16,374.53

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:

Dakota Walton SR -

93 Carson Road

Wilsonville, AL 35186

This lien shall be enforced upon all claims accruing to Dakota Walton SR 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:

Richard Wright

Wettermark Keith

100 Grandview Parkway, Suite 52 Justy B. Air.

Birmingham, AL 35243

By:

STEPHANIE WIGGINS

Commission Expires

March 30, 2026

Courtney B. Smith, Esq. (2987N58S)

Authorized Agent for Shelby Baptist Medical Center

FOR INQUIRIES CALL (855) 283-2887

State of Mississippi

Prepared by:

Courtney B. Smith, Esq.

514 East Waldron Street

Corinth, MS 38834

County of Lowndes

The foregoing statement was acknowledged and verified before me this Monday, December 12, 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: