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Shelby County Judge of Probate, AL
08/14/2025 10:52:12 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 BBH SBMC is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Jennifer Castillo.

In order to perfect said lien, BBH SBMC submits the following information:

Name of Patient:	Jennifer Castillo
Address of Patient:	300 Davis Dr Columbiana, AL 35051
Name of Hospital/Operator Thereof:	BBH SBMC
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	05/21/2025
Date of Discharge:	05/21/2025
Amount Due:	13,906.20

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:

First Acceptance - 0012502458-0001

PO BOX 150769

Nashville, TN 37215

This lien shall be enforced upon all claims accruing to Jennifer Castillo 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:

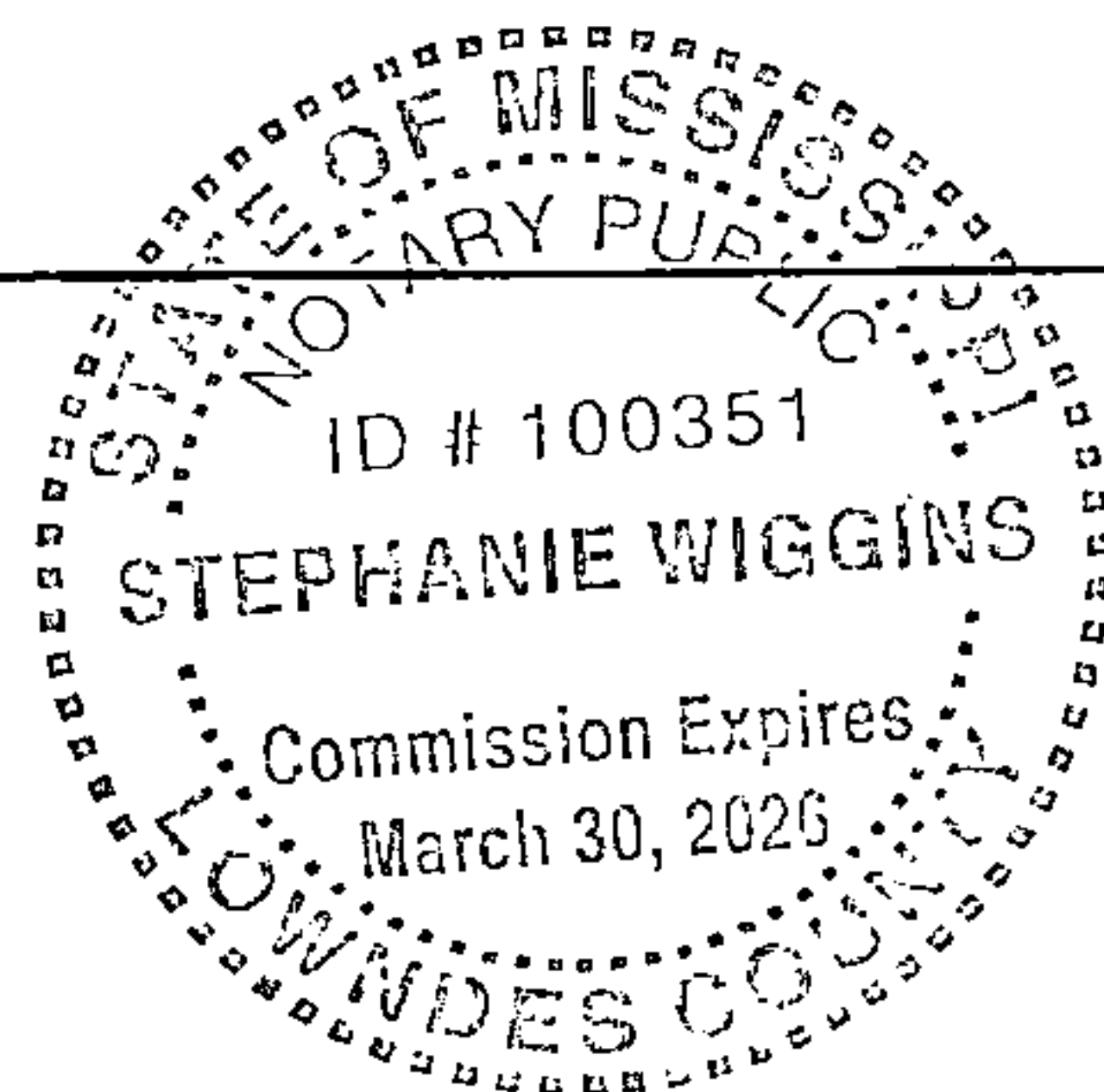
By:

Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (833) 760-0817

State of Mississippi
County of Lowndes

The foregoing statement was acknowledged and verified before me this Friday, July 11, 2025, 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