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Shelby Cnty Judge of Probate, AL
09/08/2025 12:43:41 PM 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 Valencia Washington.

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

Name of Patient:	Valencia Washington
Address of Patient:	105 Skyview Drive Montevallo, AL 35115
Name of Hospital/Operator Thereof:	BBH SBMC
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	07/10/2025
Date of Discharge:	07/10/2025
Amount Due:	11,224.20

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:

National General Insurance - 250558064

PO Box 1623

Winston-Salem, NC 27102

This lien shall be enforced upon all claims accruing to Valencia Washington 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
514 E. Waldron Street
Corinth, MS 38834

By:

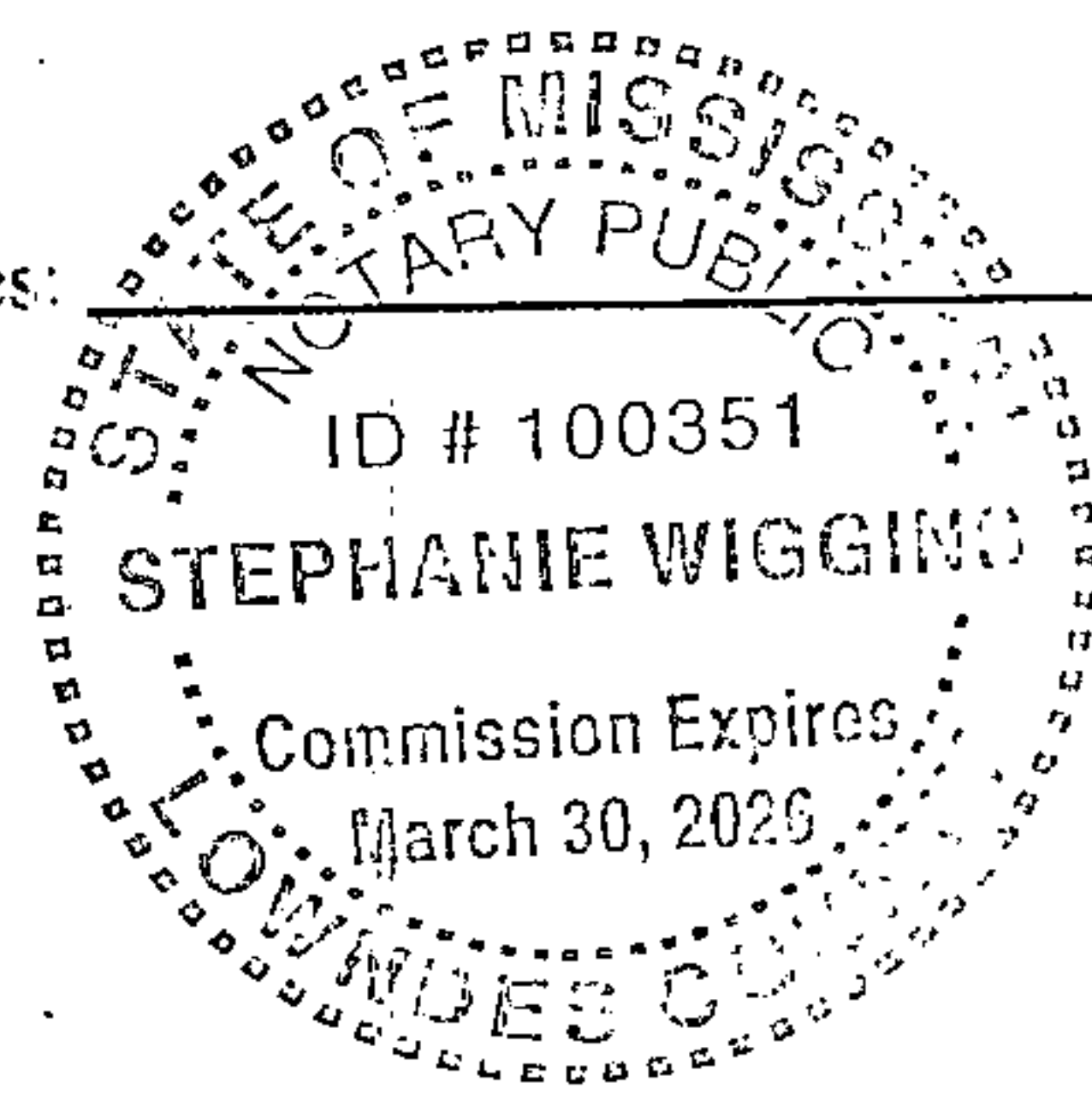
Courtney B. Smith, Esq. (2987N58S)
Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (833) 760-0817

State of Mississippi

County of Lowndes

The foregoing statement was acknowledged and verified before me this Tuesday, August 5, 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