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Shelby Cnty Judge of Probate, AL
09/11/2025 10:12:30 AM FILED/CERT

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

NOTICE OF AMENDED 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 Douglas Montilla.

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

Name of Patient:	Douglas Montilla
Address of Patient:	4330 Bessemer Super Hwy Lot E5 Brighton, AL 35020
Name of Hospital/Operator Thereof:	BBH SBMC
Address of Hospital/Operator	1000 1st Street North Alabaster, AL 35007
Date of Admission:	01/31/2025
Date of Discharge:	01/31/2025
Amount Due:	4,690.00

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:

State Farm Insurance - 0180G998K

P.O. Box 106171

Atlanta, GA 30348-6171

This lien shall be enforced upon all claims accruing to Douglas Montilla 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:

Xenia Rigby
Abogados Centro Legal
3501 Lorna Road
Hoover, AL 35216

Prepared by:
Courtney B. Smith, Esq.
514 East 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~~ **ALCORN**

The foregoing statement was acknowledged and verified before me this Friday, September 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

