20251120000356450 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/20/2025 10:56:29 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 Kristy Jennings.

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

Name of Patient:

Kristy Jennings

Address of Patient:

244 Hwy 255

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:

10/07/2025

Date of Discharge:

10/07/2025

Amount Due:

10,696.00

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 - 0191G999G

P.O. Box 106171

Atlanta, GA 30348-6171

This lien shall be enforced upon all claims accruing to Kristy Jennings 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

Courtely B. Smith

FOR INQUIRIES CALL (833) 760-0817

State of Mississippi
County of AICORN

The foregoing statement was acknowledged and verified before me this Thursday, November 13, 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

10-22-2028

NOTARY PUBLIC

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