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Shelby Cnty Judge of Probate, AL
11/20/2025 10:56:30 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 Ann Hayes.

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

Name of Patient:	Ann Hayes
Address of Patient:	5172 Thomas Mill Rd Brierfield, AL 35035
Name of Hospital/Operator Thereof:	BBH SBMC
Address of Hospital/Operator Thereof:	1000 1st Street North Alabaster, AL 35007
Date of Admission:	07/16/2025
Date of Discharge:	07/19/2025
Amount Due:	0.00

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 - 0187W033S

P.O. Box 106170

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Ann Hayes 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:

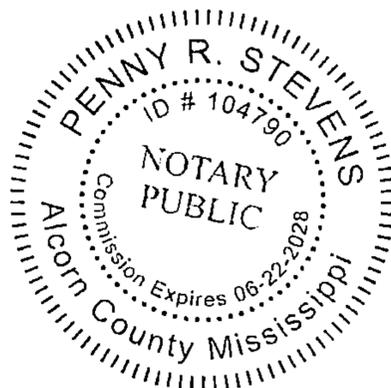
By: *Courtney B. Smith*
 Courtney B. Smith, Esq. (2987N58S)
 Authorized Agent for Shelby Baptist Medical Center
FOR INQUIRIES CALL (833) 760-0817

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: 6-22-2028

Penny R. Stevens
 NOTARY PUBLIC



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