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Shelby Cnty Judge of Probate, AL  
12/01/2025 11:29:16 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 Jaylynn Goodin.

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

Name of Patient: Jaylynn Goodin  
Address of Patient: 80 Bridge Creek Rd  
Millbrook, AL 36054  
Name of Hospital/Operator Thereof: BBH SBMC  
Address of Hospital/Operator Thereof: 1000 1st Street North  
Alabaster, AL 35007  
Date of Admission: 10/28/2025  
Date of Discharge: 10/28/2025  
Amount Due: 6,051.00

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 - 0192H272Q

P.O. Box 106171

Atlanta, GA 30348

This lien shall be enforced upon all claims accruing to Jaylynn Goodin 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

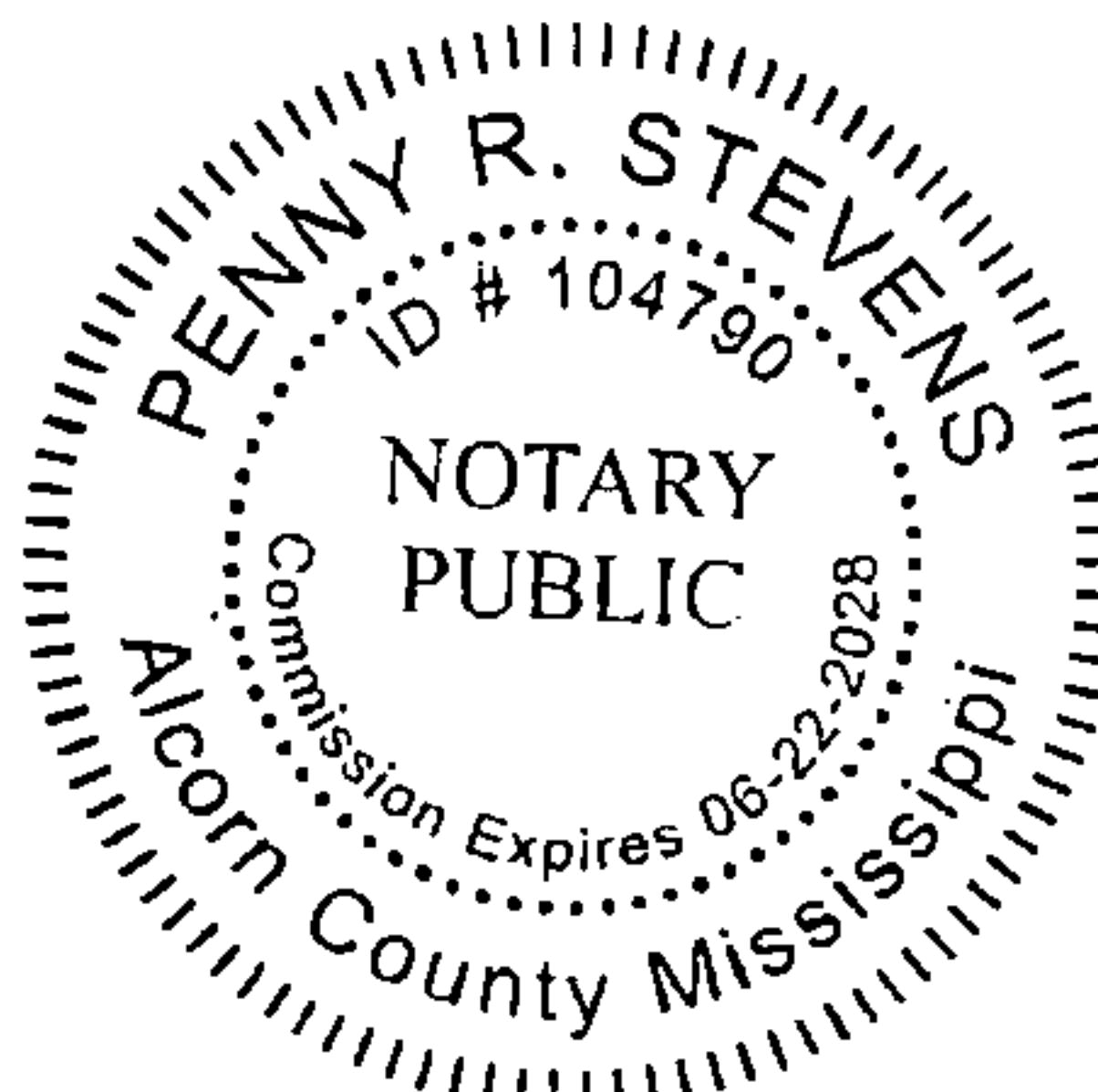
County of **ALCORN**

The foregoing statement was acknowledged and verified before me this Saturday, November 22, 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