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

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*

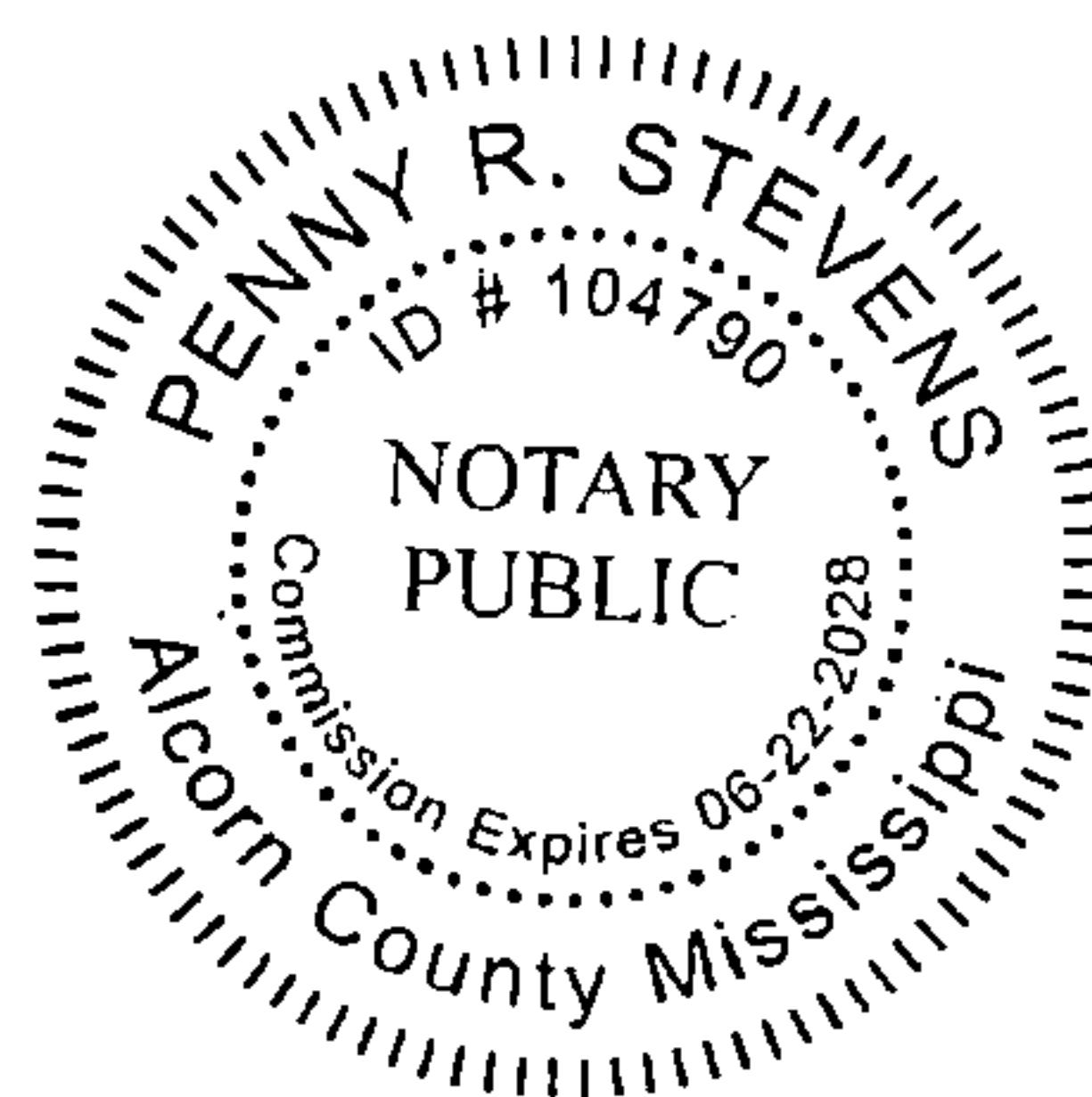
Courtney B. Smith, Esq. (2987N58S)  
 Authorized Agent for Shelby Baptist Medical Center  
 FOR INQUIRIES CALL (833) 760-0817

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