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



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Shelby Cnty Judge of Probate, AL
01/15/2026 10:19:17 AM FILED/CERT

NOTICE OF HOSPITAL LIEN

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Shelby Baptist Medical Center is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Aronaye Ohwofa.

In order to perfect said lien, Shelby Baptist Medical Center submits the following information:

Name of Patient:	Aronaye Ohwofa
Address of Patient:	700 Burchall Ln Hoover, AL 35226
Name of Hospital/Operator Thereof:	Shelby Baptist Medical Center
Address of Hospital/Operator Thereof:	1000 1st Street Alabaster, AL 35007
Date of Admission:	11/29/2025
Date of Discharge:	11/29/2025
Amount Due:	\$10,700.40

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:

Unknown

This lien shall be enforced upon all claims accruing to the patient 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:

Anthony Ifediba
Ifediba Law Group LLC
1220 16th St South
Birmingham, AL 35205

By: _____
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 Thursday, January 8, 2026, 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: 06/22/2028

NOTARY PUBLIC

