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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  
03/16/2026 10:51:50 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 Derick C. Gaddis.

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

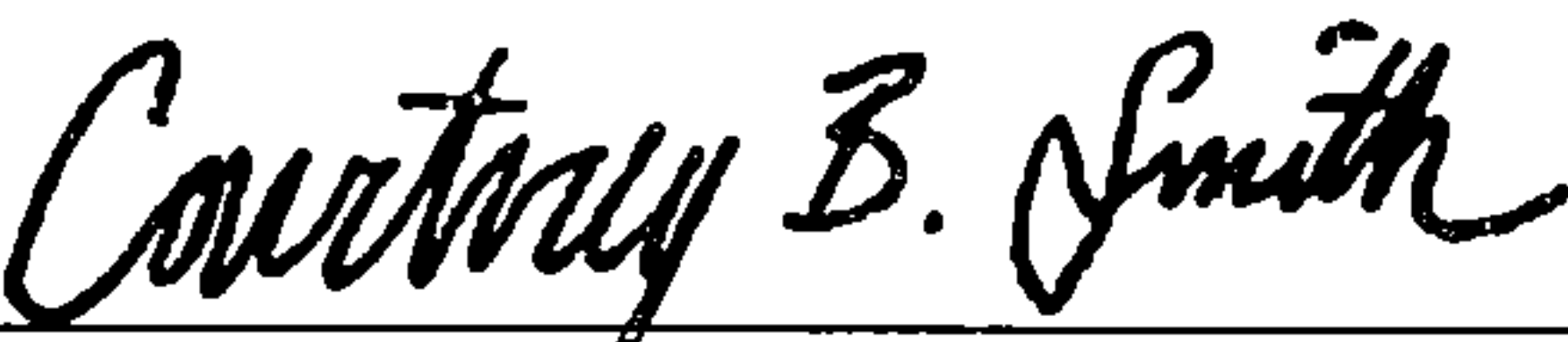
Name of Patient:	Derick C. Gaddis
Address of Patient:	294 Highway 204 Montevallo, AL 35115
Name of Hospital/Operator Thereof:	Shelby Baptist Medical Center
Address of Hospital/Operator Thereof:	1000 1st Street Alabaster, AL 35007
Date of Admission:	12/4/2025
Date of Discharge:	12/4/2025
Amount Due:	\$3,360.00

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 - P.O. Box 106171 Atlanta, GA 30348 CLM# 0193T570F


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:

Unknown

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 Tuesday, March 3, 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

