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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  
04/08/2026 10:10:46 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 Laissy Manso.

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

Name of Patient:	Laissy Manso
Address of Patient:	4000 Susie View Ln Alabaster, AL 35007
Name of Hospital/Operator Thereof:	Shelby Baptist Medical Center
Address of Hospital/Operator Thereof:	1000 1st Street Alabaster, AL 35007
Date of Admission:	1/30/2026
Date of Discharge:	1/30/2026
Amount Due:	\$4,812.00

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:

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:

David Coleman  
Maxwell Tillman Law Firm  
1820 3rd Ave North, Ste 300  
Birmingham, AL 35203

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 Wednesday, March 25, 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

