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Shelby Cnty Judge of Probate, AL  
05/02/2003 13:04:00 FILED/CERTIFIED

**TPL**  
Company

**TO:** CIRCUIT COURT CLERK  
**COUNTY OF:** SHELBY  
**STATE OF:** ALABAMA

April 21, 2003

## **NOTICE OF HOSPITAL LIEN**

The undersigned hereby gives notice for and on behalf of, South Baldwin Regional Medical Center, located at 1613 North McKenzie Street, Foley, AL 36535 (hereinafter 'Hospital'), that the Hospital has furnished hospital care, treatment and/or maintenance, all of which was medically necessary, to the following patient:

Karen Bulkerin  
8017 Jills Creek Dr  
Bartlett, TN 38133

from Thursday, March 27, 2003 to Thursday, March 27, 2003 due to injuries sustained in and/or by Motor Vehicle Accident, on or around Thursday, March 27, 2003 and the amount due for these services is \$944.05, a sum that is a reasonable charge for the hospital care, services, treatment and/or maintenance rendered the above referenced patient.

The person(s), firm(s), corporations(s) or insurance companies claimed by the patient or his/her legal representative to be liable for damages arising from the illness or injuries cared for, treated and/or maintained by the hospital is/are:

### **Third Party Tortfeasor**

Kenneth Elder

### **Third Party's Insuror**

Allstate (Birmingham)  
PO Box 385004  
Birmingham AL 35238-9893

Clm/Ply #: 4175731968

### **Patient's Insuror**

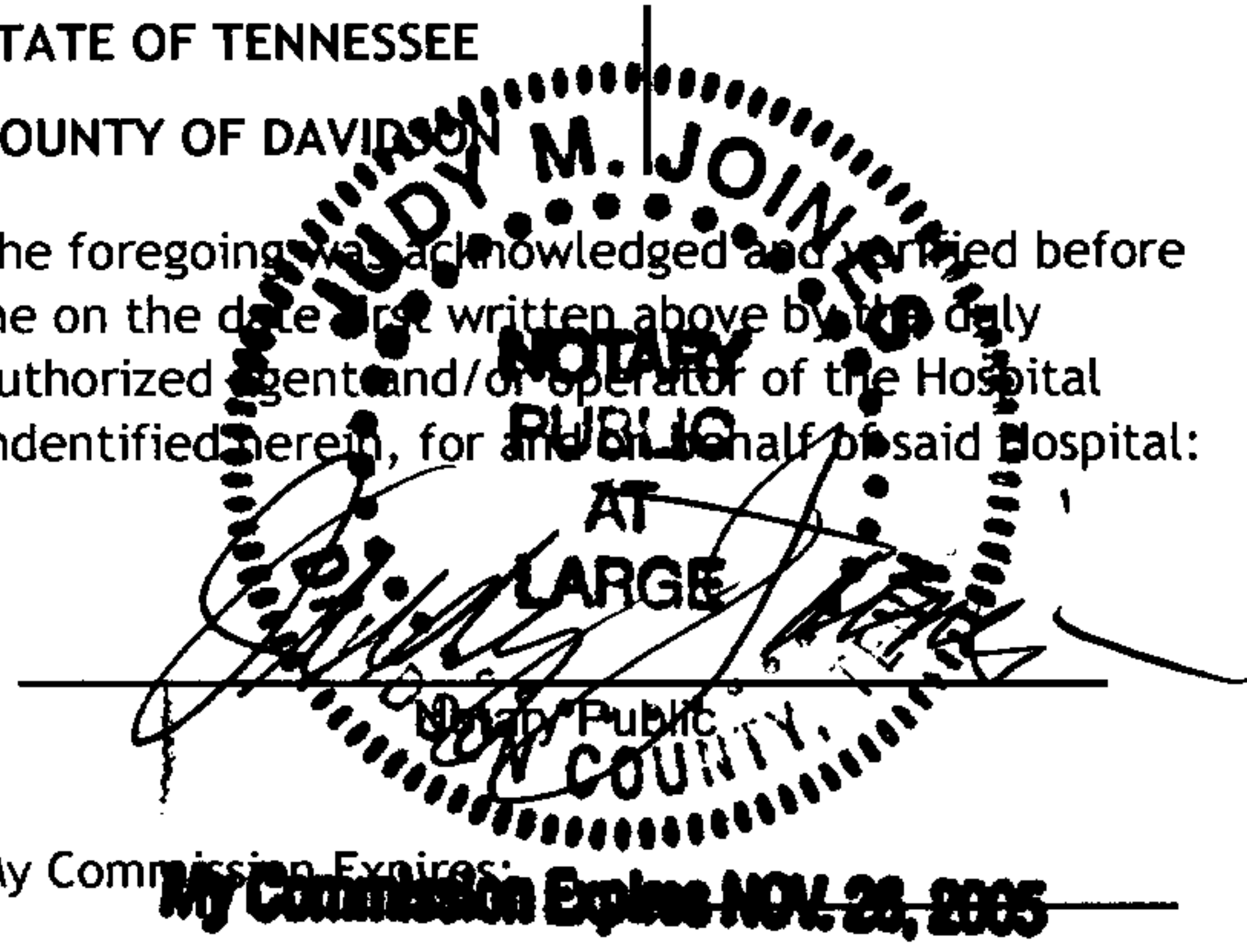
Allstate (Birmingham)  
PO Box 385004  
Birmingham AL 35238-9893

The Hospital, therefore, hereby creates a lien up to the maximum allowable amount of any obtained or recovered damages which the patient or his/her legal representative may receive or be entitled to receive, whether by judgement, settlement or compromise, from any and all causes of action, suits, claims, counterclaims or demands accruing to the patient, all in accord with the provisions of Alabama Hospital Lien Act of 1955, codified as amended at Section 35-11-370 et seq., of the Alabama Code Annotated.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The foregoing was acknowledged and verified before me on the date first written above by the duly authorized agent and/or operator of the Hospital identified herein, for and on behalf of said Hospital:



My Commission Expires:

**NOV 28, 2005**

By:

Mark Miller  
427 Cummins Station  
209 Tenth Avenue South  
Nashville, TN 37203-0777  
V (615) 850-1000 (888) TPL-1346  
F (615) 850-1003

**All Correspondence &/or Inquires regarding this or any other document filed with the receipt on behalf of South Baldwin Regional Medical Center may and should be directed to the person identified above.**

✓  
TPL Company  
427 Cummins Station  
209 10th Ave S.  
Nashville, TN 37203-0777