

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

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the Baptist Health Foundation, Inc., whose address is 701 Princeton Avenue, SW Birmingham, AL 35211, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Joan Copeland**  
Address: **134 Kensington Manor Drive**  
**Columbiana, AL 35040**  
Admit Date: **January 22, 2014**  
Discharge Date: **February 3, 2014**  
Amount Due: **\$135,463.55**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

**Allstate Insurance - 0313510133**  
**P.O. Box 440519**  
**Kennesaw, GA**

**Princeton Baptist Medical Center**

BY: \_\_\_\_\_

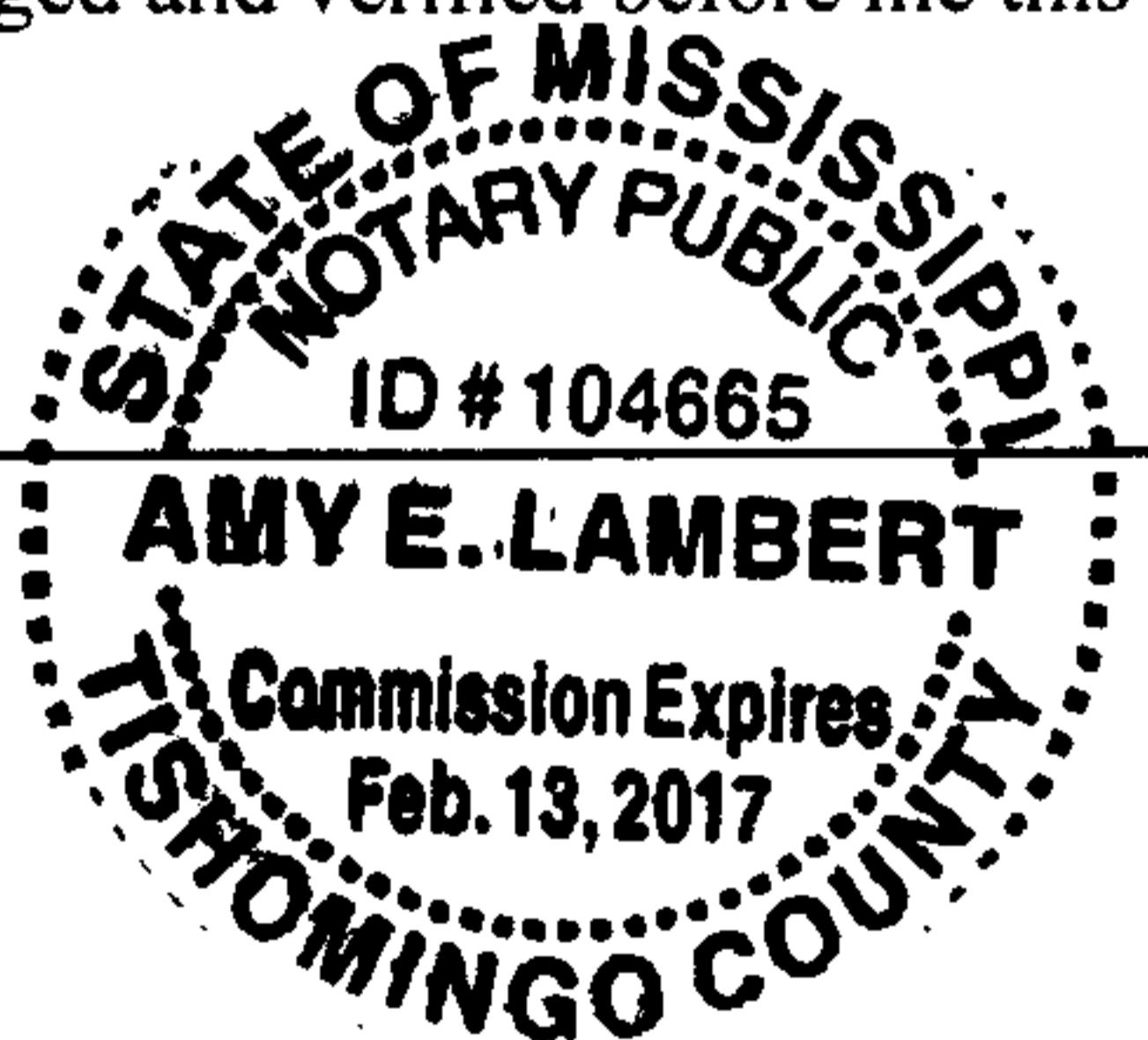
**Agent**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

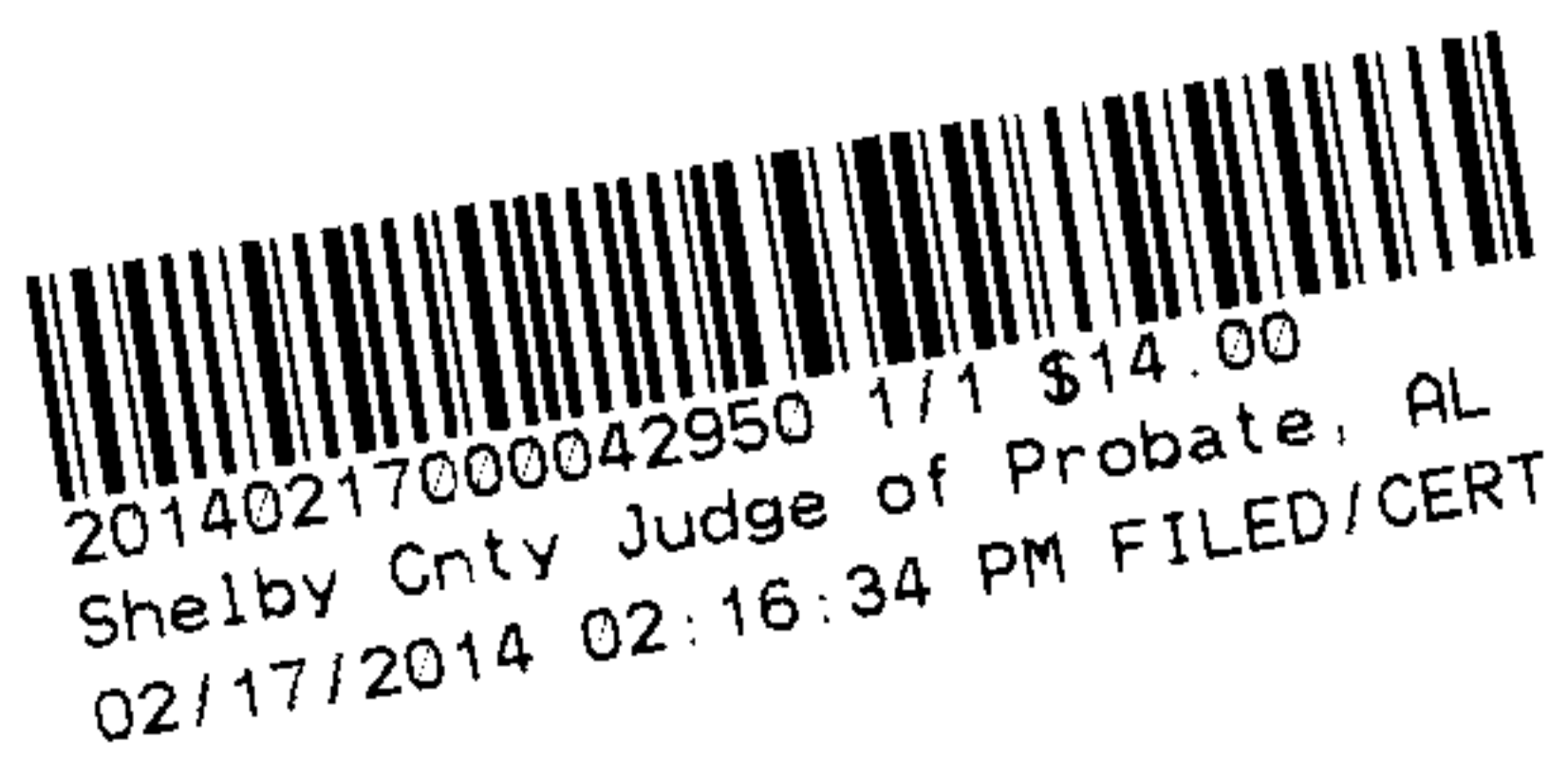
The foregoing statement was acknowledged and verified before me this Wednesday, February 12, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by the duly authorized Princeton Baptist Med

MY COMMISSION EXPIRES: \_\_\_\_\_



\_\_\_\_\_  
**NOTARY PUBLIC**



*Prepared by*  
*Austin Gray*  
P.O Box 1465  
Corinth, MS 38834