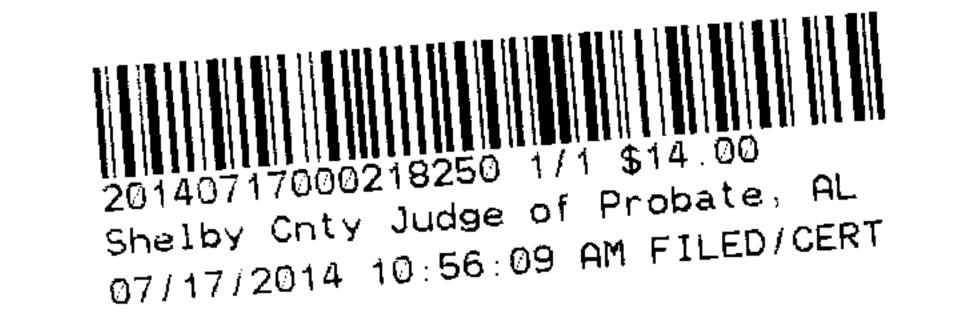
TO: Shelby County Probate Office

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 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

William Goodale

Address:

1129 King Arthur Court

Columbiana, AL 35007

Admit Date:

June 30, 2014

Discharge Date:

July 1, 2014

Amount Due:

\$2,631.00

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 - 0332330967 P.O. Box 2874

Clinton, IA

Shelby Bantist Medical Center

Agent

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Monday, July 14, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

TD # 104665

AMY E. LAMBERT

The foregoing statement was acknowledged and verified before me this 2014, by the duby authorized Shelby Baptist Medica

NOTARY PUBLIC

MY COMMISSION EXPIRES:

P.O Box 1465 Corinth, MS 38834