

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that DCH HEALTH CARE AUTHORITY, whose address is 809 University Boulevard E, Tuscaloosa, Alabama, 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Jordan Korngay**
Address: **179 Lake Forest Way**
Maylene, AL 35114

Account No.: **N011272978**
Admit Date: **Jul 02, 2009**
Discharge Date: **Jul 02, 2009**

Amount Due: **\$1,297.35**

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:

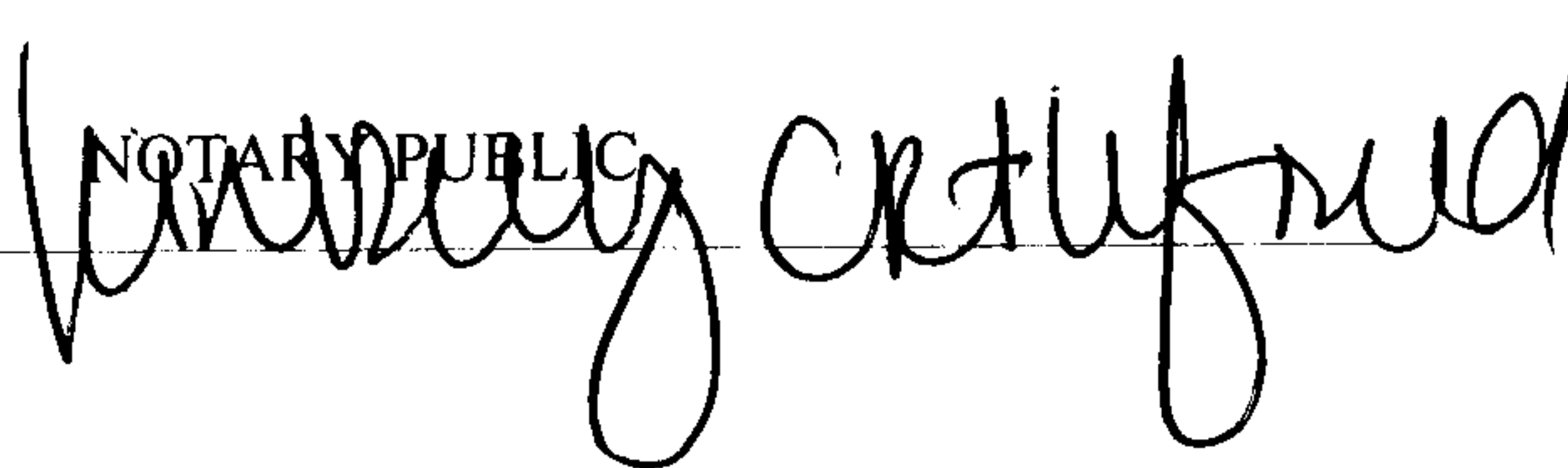
Nationwide Insurance Company
Chad Amos/Claim No: 90009002143
100 London Parkway, Ste. 100
Birmingham, AL 35211

BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 30th day of July, 2009, by Tim B. Smith the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES: _____


NOTARY PUBLIC