

**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 System, 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:	Brittany Shuford
Address:	400 Ozark Avenue Birmingham, AL 35214
Account No.:	D047243696
Admit Date:	Dec 07, 2008
Discharge Date:	Dec 07, 2008
Amount Due:	\$755.40

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:

State Farm Insurance Co.  
Ollie Williams / Claim No. 117079198  
P. O. Box 10003  
Duluth, GA 30096

BY: 

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 30 day of Jan, 2009, by Tim 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

