

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:	Ephraim Nderitu
Address:	1712 D Vestawood Court Birmingham, AL 35216
Account No.:	F006647127
Admit Date:	Jul 22, 2008
Discharge Date:	Jul 22, 2008
Amount Due:	\$4,785.02

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:

Farmers Insurance
Stacy Bramscomb / Claim No. 1012482246
P. O. Box 268993
Oklahoma City, OK 73126

BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 4 day of Feb, 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
