D048378467

20090511000177320 1/1 $11.00
Shelby Cnty Judge of Probate, AL
05/11/2009 03:57:16 PM FILED/CERT

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

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division15, 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:	**Paneshia Moore**
Address:	**3908 43rd Street North** **Birmingham, AL 35217**
Account No.:	**D048378467**
Admit Date:	**Apr 15, 2009**
Discharge Date:	**Apr 15, 2009**
Amount Due:	**$2,211.00**

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:

State Farm Insurance Company
Christina Rechtman / Claim No. 016936856
P.O. Box 830852
Birmingham, AL 35283-

BY: Tim Smith

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 6th day of May, 2009, by Tim B. Smith the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 91588 REBECCA A. BAIN Commission Expires Nov. 05, 2012 ALCORN COUNTY

NOTARY PUBLIC Rebecca A. Bain

MY COMMISSION EXPIRES: