

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


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

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: **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:

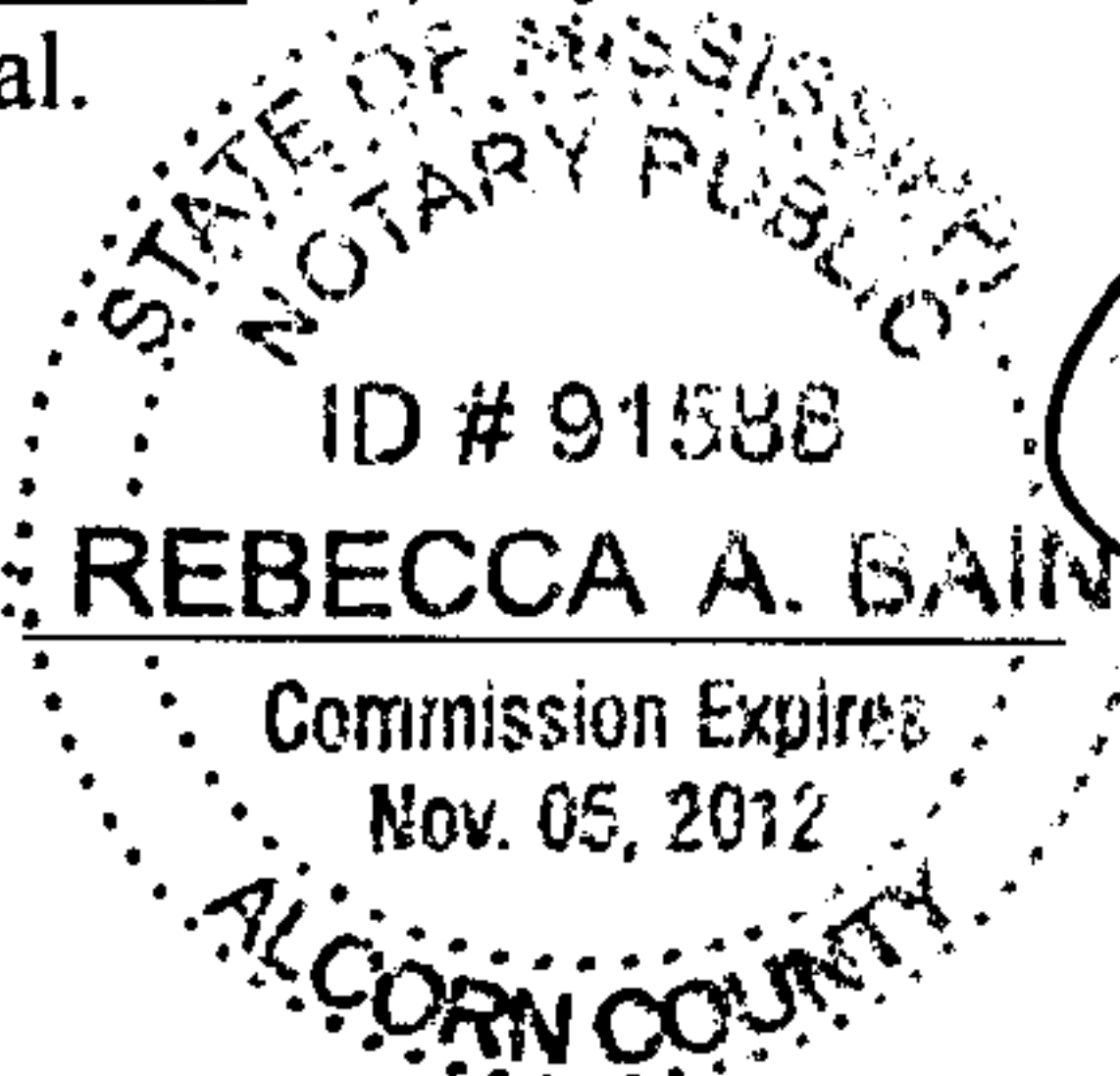
State Farm Insurance Company
Christina Rechtman / Claim No. 016936856
P.O. Box 830852
Birmingham, AL 35283-

BY: 

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.

MY COMMISSION EXPIRES: **REBECCA A. BAIN**



NOTARY PUBLIC

