

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: **Jennifer L English**
Address: **1308 Highland Lakes Tr
Birmingham, AL 35242**

Account No.: **D048385264**
Admit Date: **Apr 15, 2009**
Discharge Date: **Apr 15, 2009**

Amount Due: **\$2,758.00**

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:

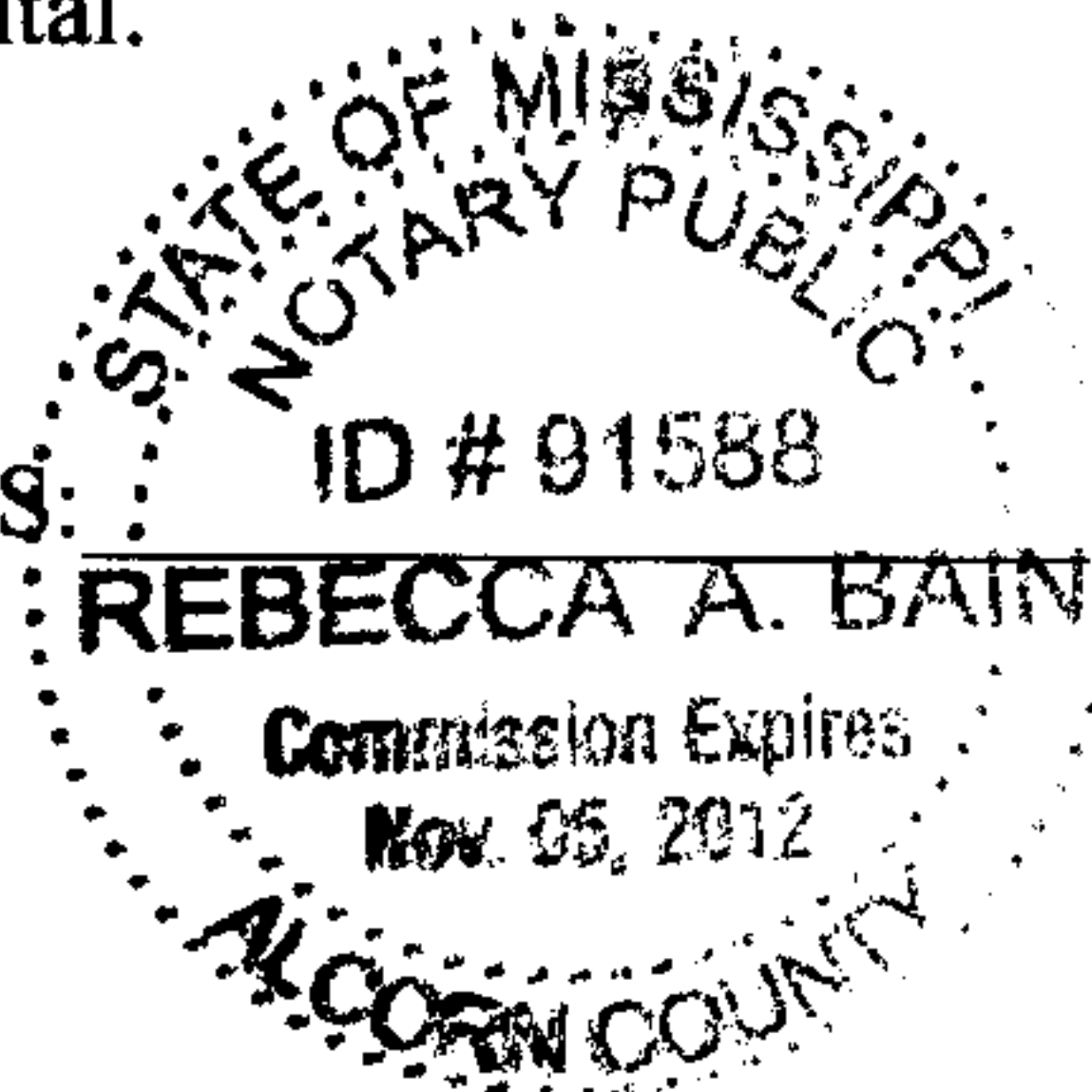
Farmers Insurance
Darcell Murray / Claim No. 1013914089
P. O. Box 68994
Oklahoma City, OK 73126

BY: 
DCH Health Care Authority

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 15th 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:



NOTARY PUBLIC

