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20090724000285070 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
07/24/2009 11:58:47 AM 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, 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: **Alexandra O. Turnage**
Address: **1124 Lakeview Crescent**
Birmingham, AL 35205

Admit Date: **June 22, 2009**
Discharge Date: **June 22, 2009**

Amount Due: **\$ 2,368.76**

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:

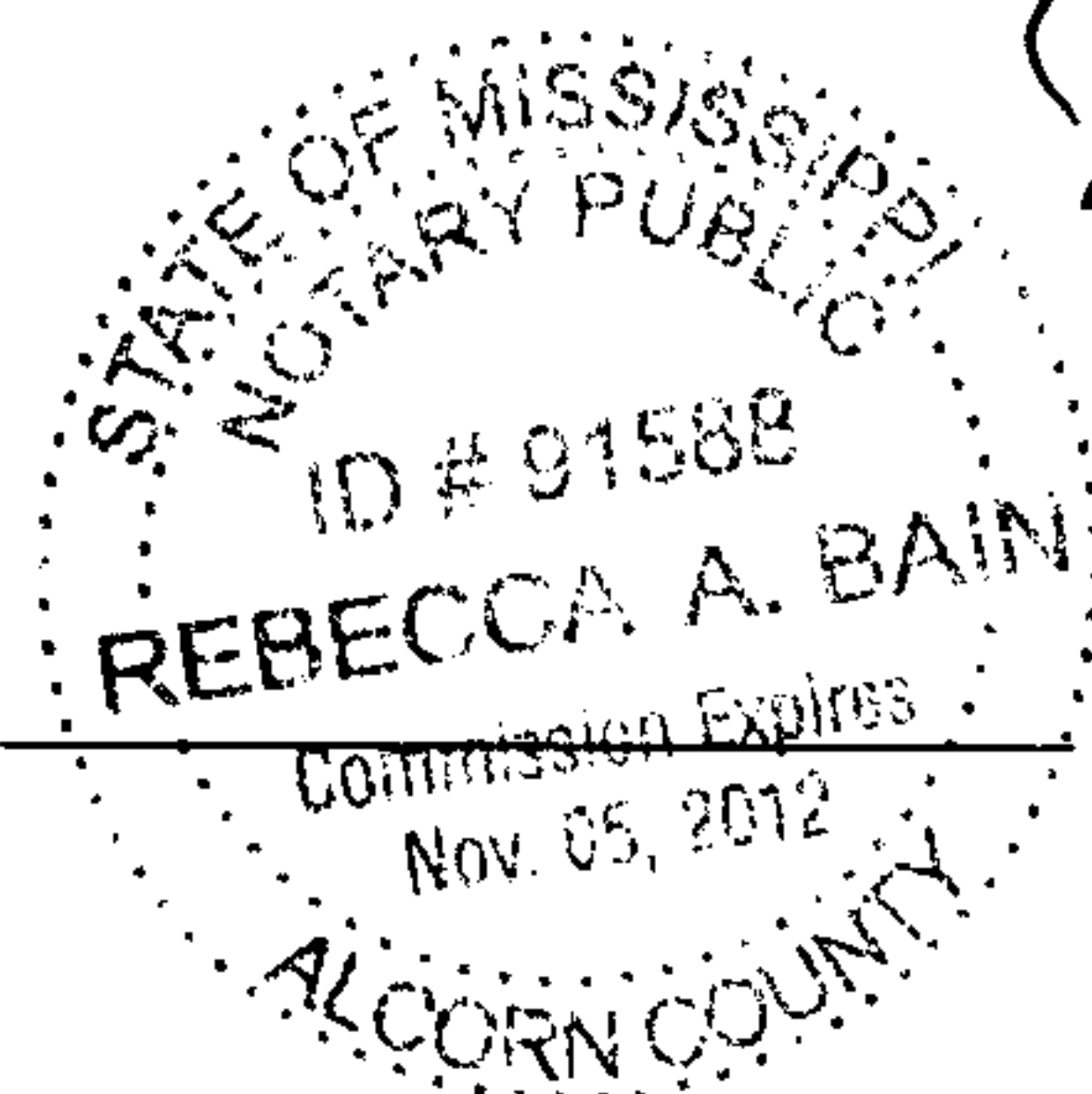
Geico Insurance Company
Jessica Chapman/Claim No. 0142331080101056
1 Geico Center
Macon, GA 31296

BY: 
DCH Health Care Authority

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this **20th** day of **July**, 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