

**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: **Portia R Keith**  
Address: **121 Kentwood Drive**  
**Alabaster, AL 35007**  
  
Account No.: **D050279694**  
Admit Date: **Nov 05, 2009**  
Discharge Date: **Nov 05, 2009**  
  
Amount Due: **\$2,557.50**

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**  
**Thomessia Moore-Lawson/Claim No: 016982369**  
**P.O. Box 830852**  
**Birmingham, AL 35283**

BY: Cassie L. Henson

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 20<sup>th</sup> day of Nov., 2009, by Cassie Henson the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



Latonya A. Glover