


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


20091222000466200 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
12/22/2009 09:48:23 AM 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 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: **Lacey R Cortez**
Address: **241 Oaklyn Hills Drive**
Chelsea, AL 35043

Account No.: **D050395409**
Admit Date: **Nov 18, 2009**
Discharge Date: **Nov 18, 2009**

Amount Due: **\$7,345.00**

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:

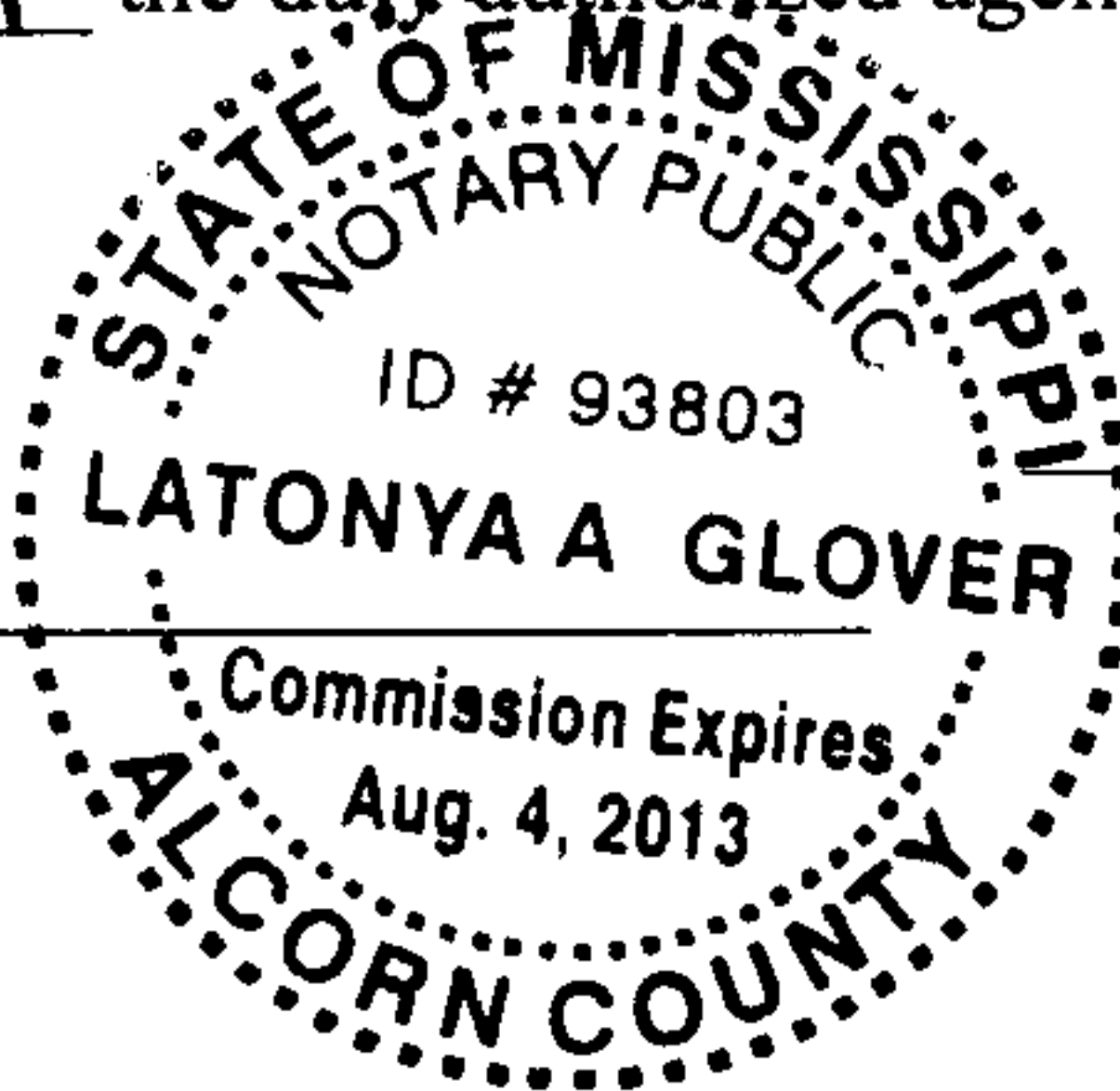
State Farm Insurance Company
Christina Rechtman/Claim No: 016984874
P.O. Box 830852
Birmingham, AL 35283-

BY: Cassie S. Henson

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 9th day of Dec., 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