

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:	Vaudell Y Langston
Address:	3324 Winchester Road Hoover, AL 35226
Account No.:	D050662485
Admit Date:	Dec 21, 2009
Discharge Date:	Dec 21, 2009
Amount Due:	\$1,636.00

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:

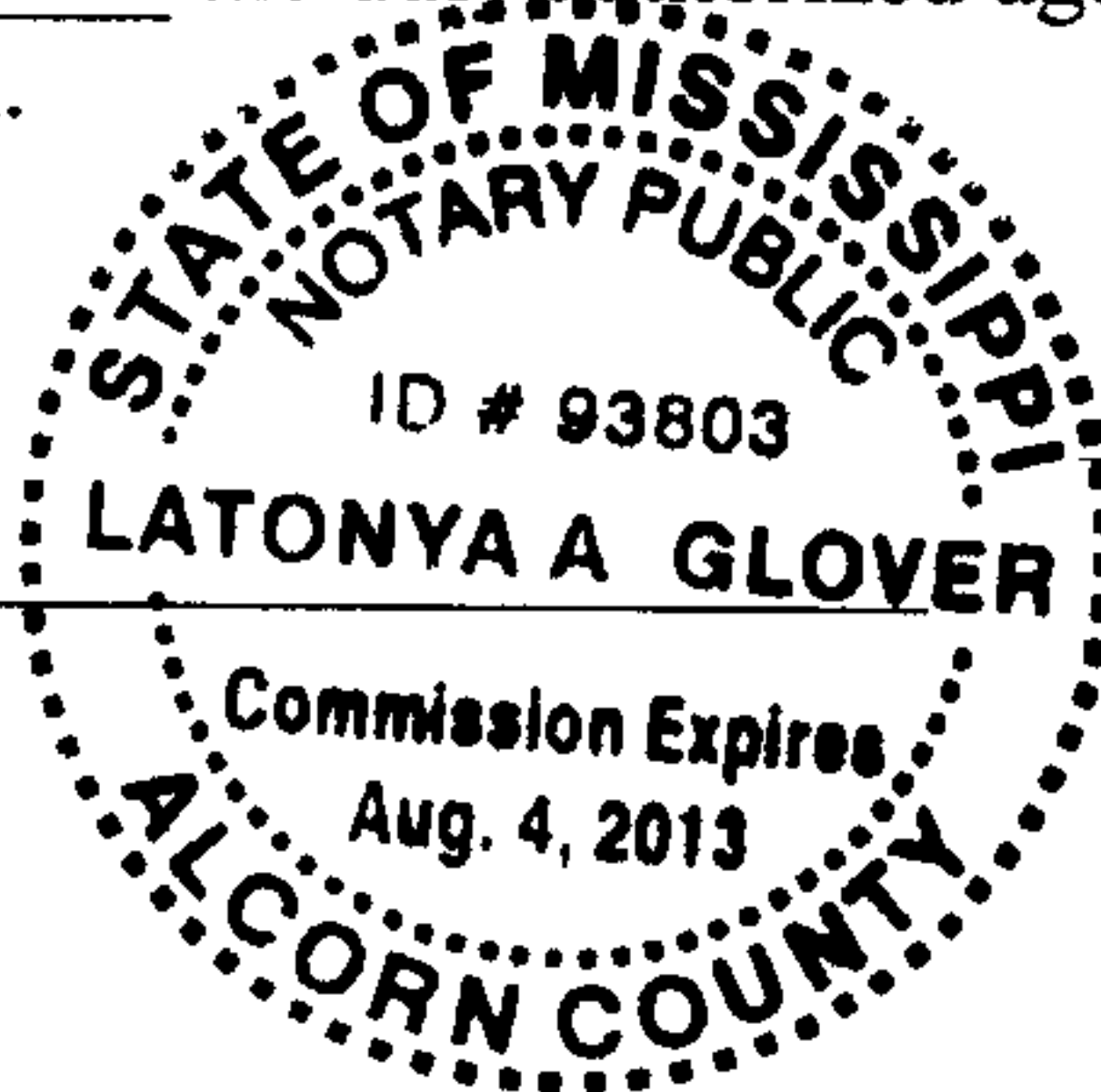
C.N.A. Insurance
Ellamay Corrigan/Claim No: E2631695
P.O. Box 83117
Chicago, Illinois 60680

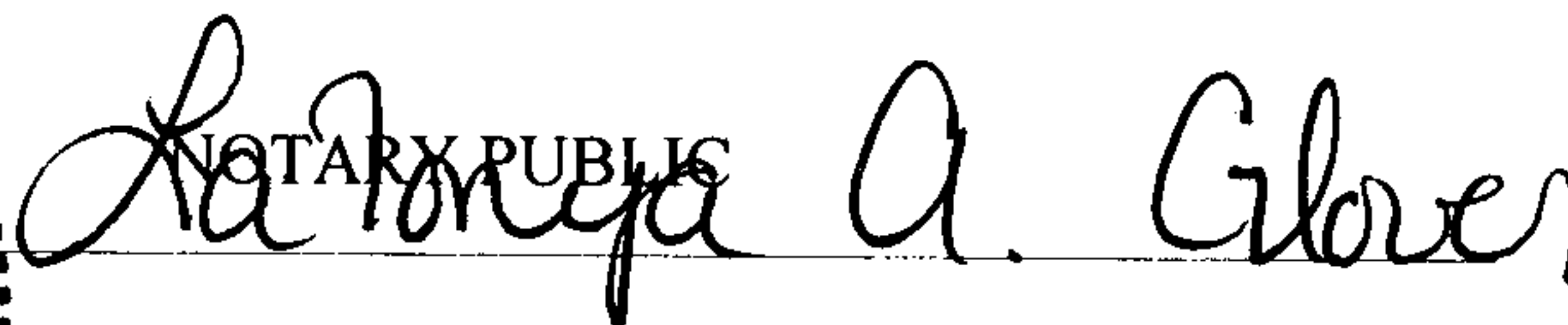
BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 18th day of Jan., 2010, by Edward Stark 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