

D050430883



20100303000062470 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
03/03/2010 01:27:13 PM 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: **Benjamin A. Butera**  
Address: **203 Amy Lane**  
**Helena, AL 35080**

Account No.: **D050430883**

Admit Date: **January 4, 2010**  
Discharge Date: **January 7, 2010**

Amount Due: **\$ 22,224.00**

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:

\* **Under Alabama code Section 35-11-371 (1975)**, the filing of this lien constitutes notice to any persons liable for such damages whether or not they are named herein.

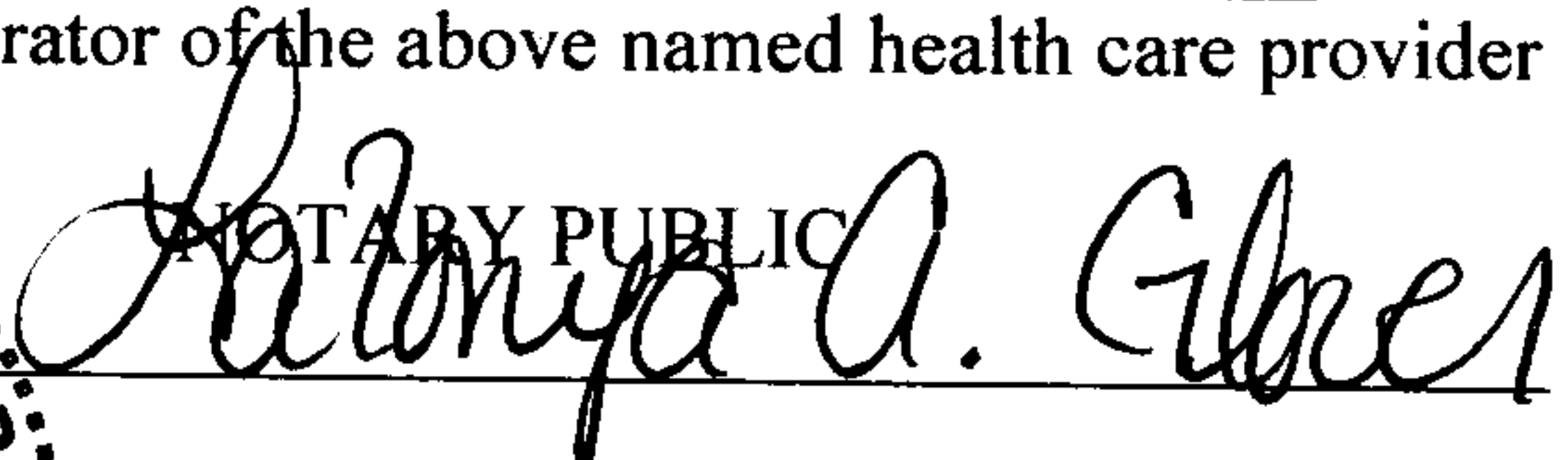
BY: 

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledge and verified before me this 24<sup>th</sup> day of Feb., 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: \_\_\_\_\_



  
NOTARY PUBLIC