

20100312000072960 1/1 \$11.00
Shelby Cnty Judge of Probate, AL
03/12/2010 10:33:27 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: **Akilah Bryant**
Address: **544 Gadsen Highway Apt H155**
Roebuck, AL 35235

Account No.: **D050951763**
Admit Date: **Jan 25, 2010**
Discharge Date: **Jan 25, 2010**

Amount Due: **\$9,976.50**

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:

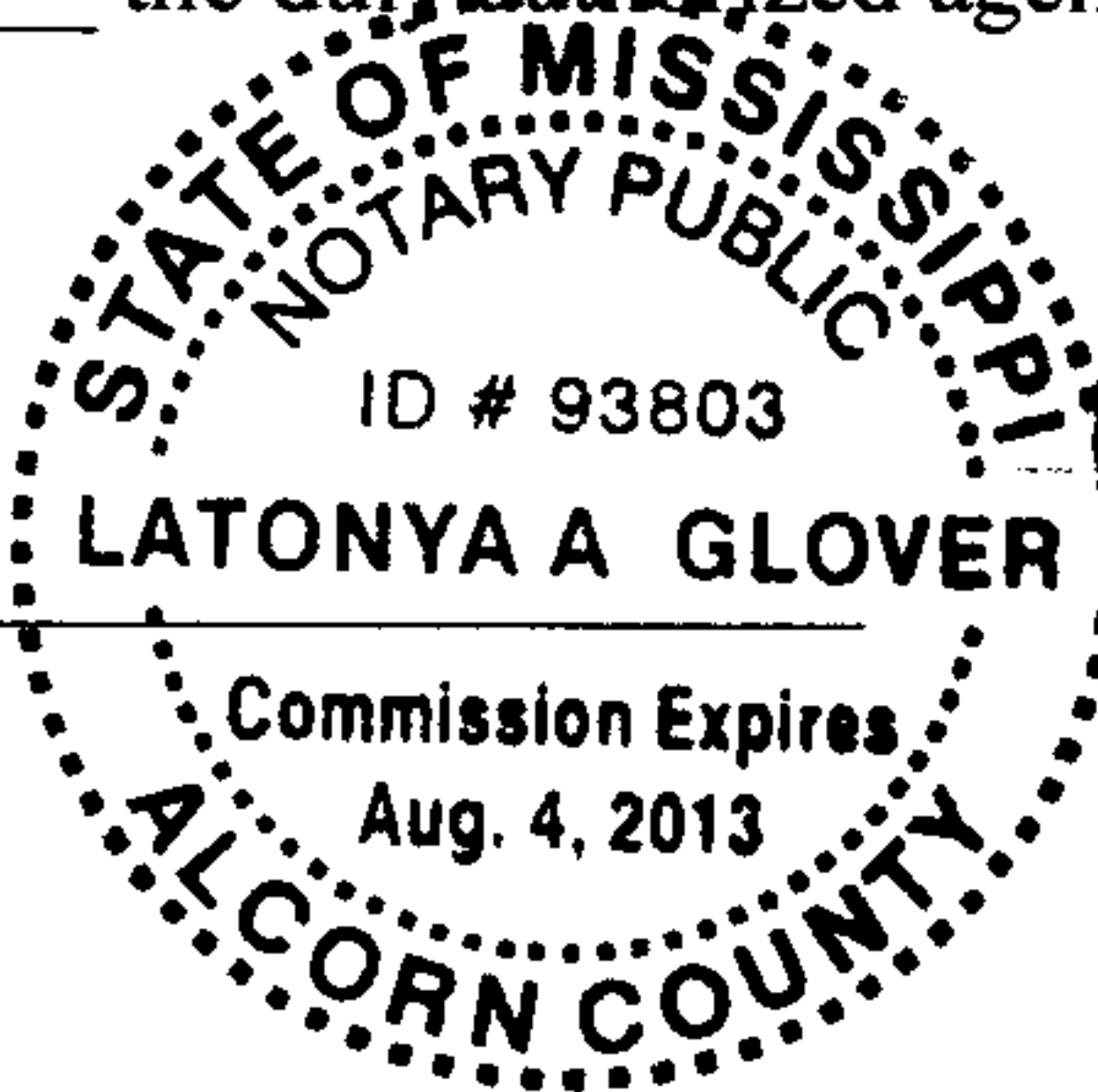
Nationwide
Tiffany Jones/Claim No: 7701C188565
100 London Parkway Suite 100
Birmingham, AL 35211

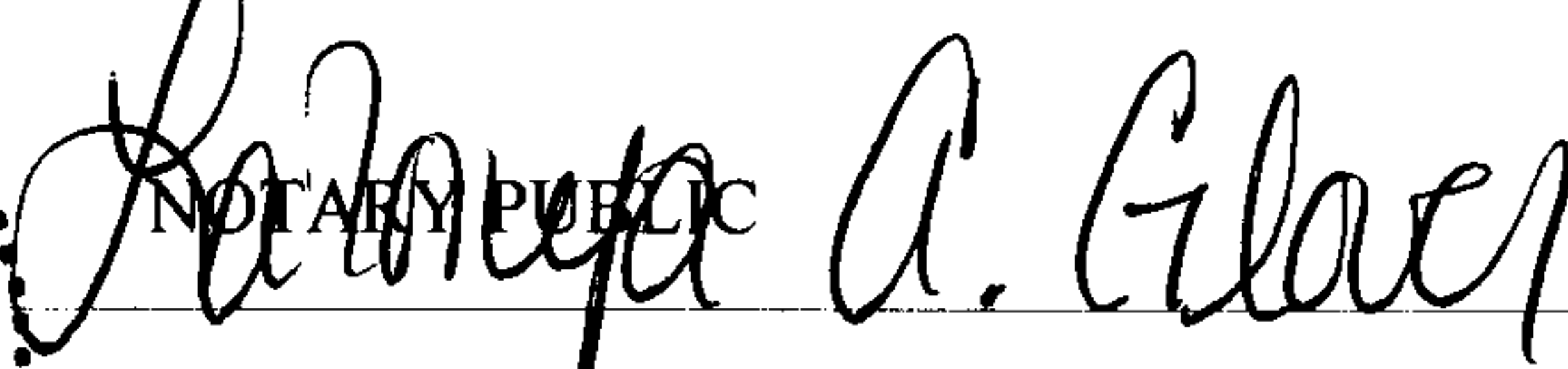
BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 8th day of March, 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