

**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.: D051031235  
Admit Date: Feb 01, 2010  
Discharge Date: Feb 02, 2010  
  
Amount Due: \$1,129.50

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:

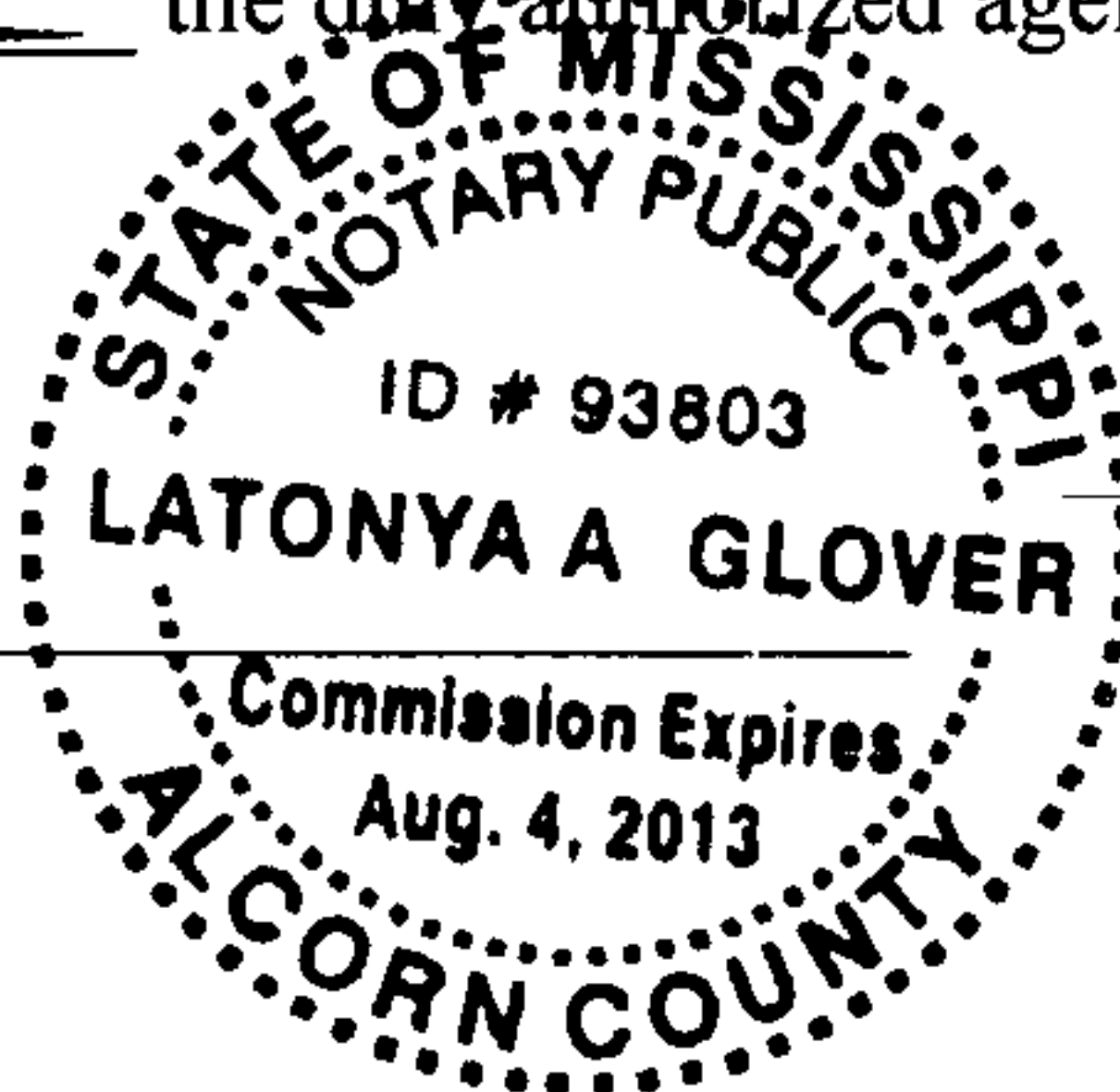
Nationwide  
Tiffany Jones/Claim No: 7701C188565  
100 London Parkway Suite 100  
Birmingham, AL 35211

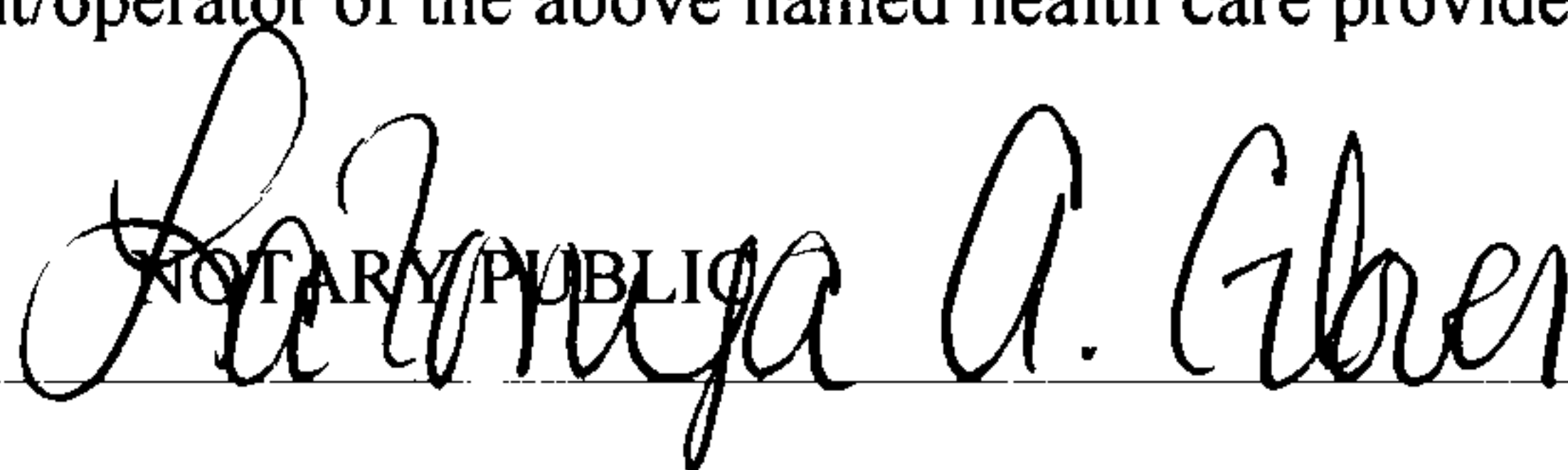
BY: 

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 11<sup>th</sup> 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