



20100503000134010 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
05/03/2010 10:28:45 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: Joe Jefferson  
Address: 236 Wynlake Drive  
Alabaster, AL 35007  
  
Account No.: D051422921  
Admit Date: Mar 11, 2010  
Discharge Date: Mar 11, 2010  
  
Amount Due: \$4,113.50

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:

Metlife Insurance Co.  
Sandra Green/Claim No: TAC12079PH  
P.O. Box 30018  
Tampa, FL 33630

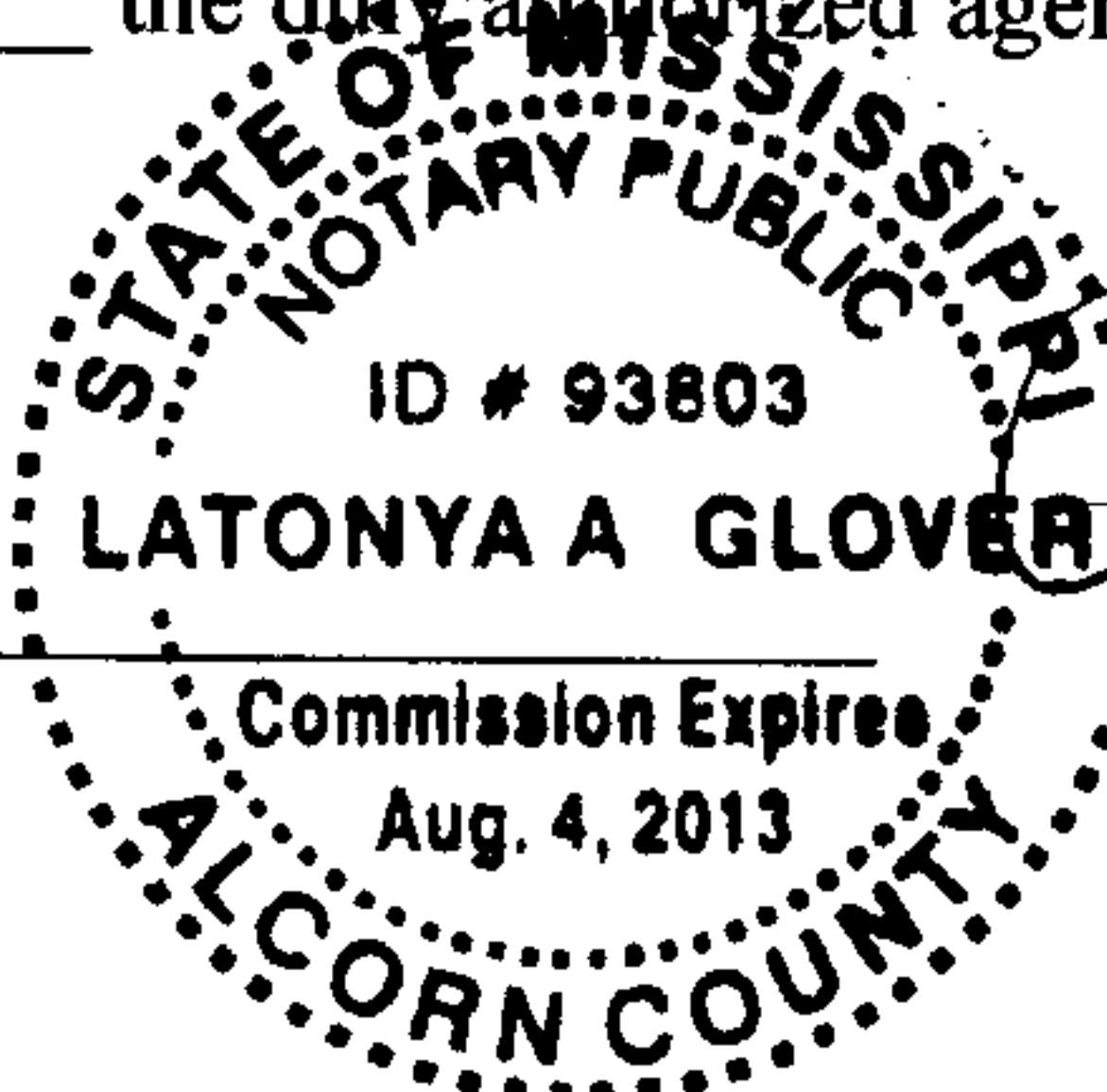
Metlife Insurance Co.  
Mike Banks/Claim No: TAC12079PH  
P.O. Box 30018  
Tampa, FL 33630

BY: Kimberlee Fair

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 29th day of April, 2010, by Kimberlee Fair 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  
NOTARY PUBLIC