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TO: Shelby County Probate Office
P.O Box 825
Columbiana, AL 35051


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Shelby Cnty Judge of Probate, AL
01/14/2011 03:20:03 PM FILED/CERT

NOTICE OF HOSPITAL LIEN

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that the HEALTH CARE AUTHORITY of the CITY of HUNTSVILLE, whose address is 101 Sivley Road, Huntsville, AL 35801, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Christopher Anthony Hudson**
Address: **11251 Highway 42**
Shelby, AL 35143

Admit Date: **October 23, 2010**
Discharge Date: **October 28, 2010**

Amount Due: **\$ 180,577.58**

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.

PREPARED BY: 

STATE OF MISSISSIPPI
COUNTY OF ALCORN

The foregoing statement was acknowledge and verified before me this 11th 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:



