


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

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that 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: **Lee Hollingsworth**  
Address: **129 Phantom Drive**  
**Toney, AL 35773**  
Account No.: **0014936937405**  
Admit Date: **03/28/2017**  
Discharge Date: **03/28/2017**  
Amount Due: **2,579.00**

  
20170525000182930 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
05/25/2017 11:00:25 AM FILED/CERT

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:

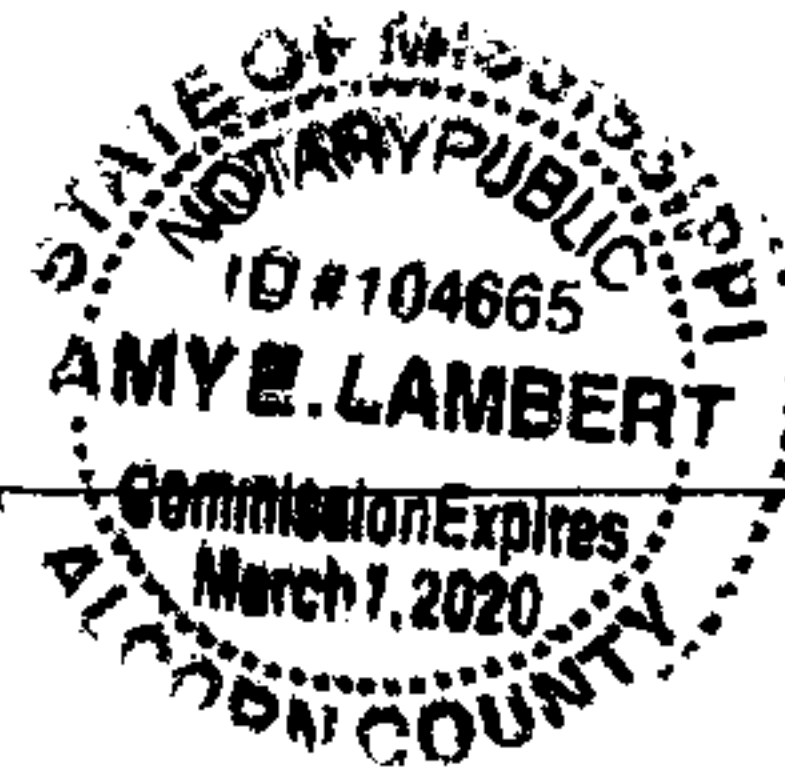
**Nationwide Insurance - 906966-GE**  
**1 Nationwide Gateway Dept. 5578**  
**Des Moines IA 50391**

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

Prepared  
By: Amanda White

The foregoing statement was acknowledged and verified before me this 22nd day of May, 2017, by Amanda White the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



Amy E. Lambert  
NOTARY PUBLIC

Prepared by:  
Amanda White  
P.O Box 1465  
Corinth, MS 38834