

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: **Miford Adams**
Address: **179 Sherman Road**
Whigham, GA 39897
Account No.: **0021975457401**
Admit Date: **07/01/2017**
Discharge Date: **07/01/2017**
Amount Due: **1,188.86**

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:

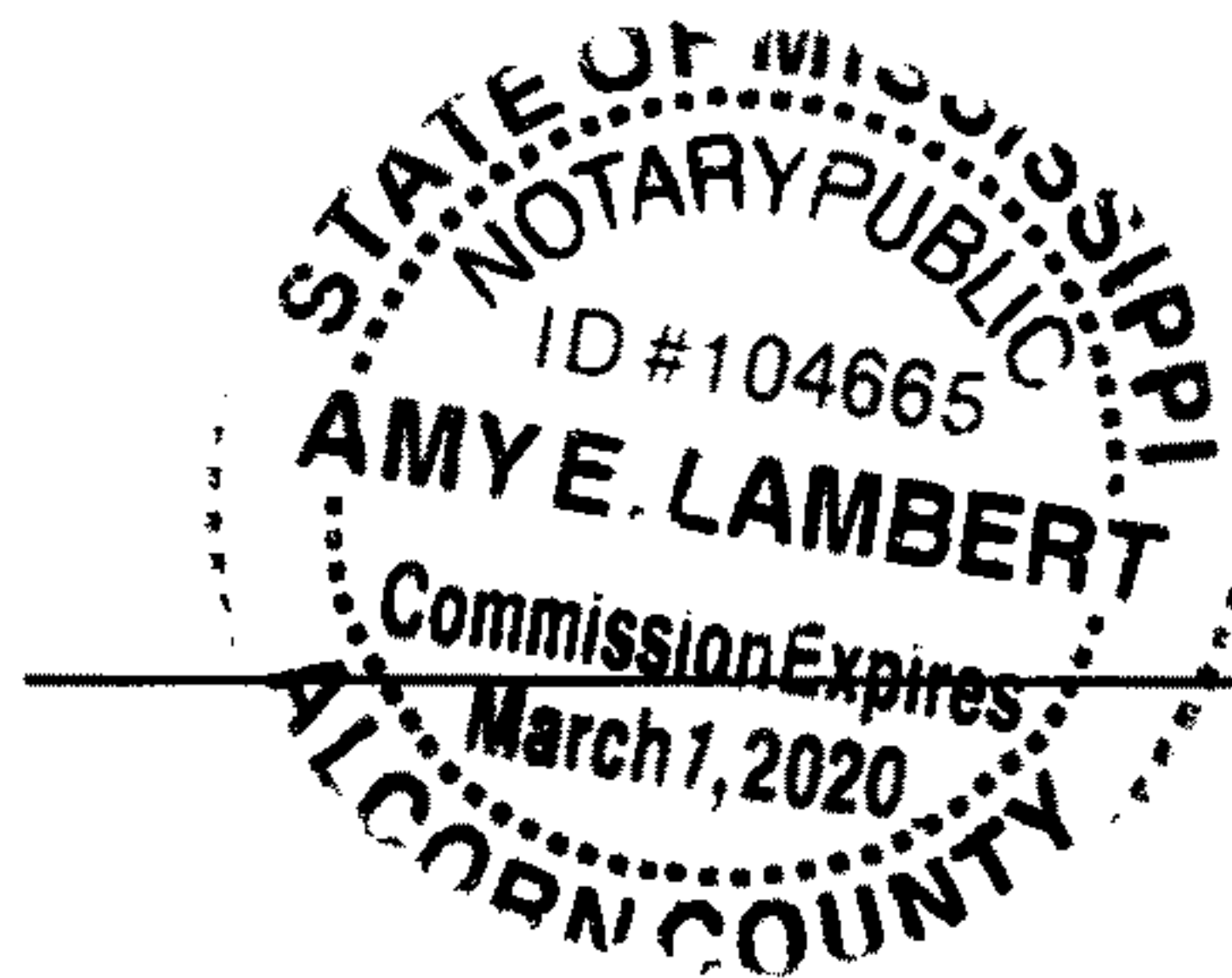
Alfa - A07-9290
1423 Gadsden Hwy Suite 119
Birmingham AL 35235

STATE OF MISSISSIPPI
COUNTY OF ALCORN

Prepared
By: Amanda White

The foregoing statement was acknowledged and verified before me this 17th day of July, 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:



[Signature]
NOTARY PUBLIC

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

