

STATE OF ALABAMA

COUNTY OF Shelby

Notice is hereby given, as provided by the laws of the State of Alabama, that The Board of Trustees of the University of Alabama, whose address is University of Alabama at Birmingham, Birmingham, Alabama 35294 operating University of Alabama Hospital at 619 South 19th Street, Birmingham, Alabama 35233, claims a lien for reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by Rufus Fred Moore

(name of patient)

of Route 1 Box 260, Columbiana, Alabama 35051

(street)

(city or town)

(state)

against all causes of action, claims, counter claims and demands accruing to the said patient, or his or her legal representative, and against all judgments, settlements, and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: Hospital Balance \$1,744.07

Date injury received: October 25, 1989

Date of admission into hospital: October 25, 1989

Date patient discharged from hospital: October 30, 1989

The names and address of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of claimant's knowledge, as follows:

Those persons, firms, corporations or others who caused or contributed to the injuries sustained by aforesaid patient on or about October 25, 1989 as a result of a fall in or near Shelby County Alabama, including such insurance companies, policies, and coverage applicable thereto, whose names and identities are otherwise unknown at this time.

University of Alabama Hospital

(Claimant)

Before me, _____, a Notary Public in and for the County of Jefferson

State of Alabama, personally appeared Cary Cooley, who being by me first duly sworn, doth depose and say: that he (she) is the claimant or Administrative Assistant for the claimant, and as such has personal knowledge

(Official capacity)

of the facts set forth in the foregoing statement of lien, and that the same are true and correct

STATE OF ALA. SHELBY CO
SUBSCRIBED and CERTIFY THIS
INSTRUMENT to be filed this the _____ day of _____, 1989

89 NOV -8 AM 11:56

Date Filed: _____

Hour Filed: _____

Hospital Lien Law Form 01

(Affiant)

(Notary Public)

The University of Alabama at Birmingham
University of Alabama Hospital/Office of Administration
619 South 19th Street / Birmingham, Alabama 35233