

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 John Wesley Lilly, Jr.
(name of patient)

of Route 1 Box 224, Brierfield, Alabama 35035
(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 Charges \$26,678.56

Date injury received: March 24, 1990

Date of admission into hospital: March 24, 1990

Date patient discharged from hospital: April 3, 1990

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 the aforesaid patient on or about March 24, 1990 as a result of being involved in a motor vehicle accident 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, Scarlett J. Collins, 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.

SUBSCRIBED and sworn to before me this the 10th day of April, 19 90

STATE OF ALA. SEAL OF NOTARY
I CERTIFY THIS
INSTRUMENT WAS FILED

Date Filed: 90 APR 11 AM 10:33

Hour Filed: 10:33

Hospital Lien Law Form 01

JUDGE OF THE STATE

Fee 2.50
Jud 3.00
Cert 1.00
6.50