

STATE OF ALABAMA

COUNTY OF Shelby

2682

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 Allen Curtis Drake

(name of patient)

of 52 1/2 Creekview Circle, Pelham, Alabama 35124

(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 \$9,387.87

STATE OF ALA. SHELBY
I CERTIFY THIS
INSTRUMENT WAS FILED

Date injury received: May 25, 1991

91 JUN -7 PM 3:29

Date of admission into hospital: May 25, 1991

Date patient discharged from hospital: May 30, 1991

Thomas H. Shivers, Jr.
JUDGE OF PROBATE

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 May 25, 1991 as a result of being involved in a motor vehicle accident in or near Shelby County, AL, including such insurance companies, policies and coverage applicable thereto, whose names and identities are otherwise unknown at this time.

☒ University of Alabama Hospital

(Claimant)

250
300
100
650

Before me, Joyce H. Atkinson, a Notary Public in and for the County of Jefferson,

State of Alabama, personally appeared Scarlett Lowe, who being by me first duly sworn, doth depose and say:

that he (she) is the claimant or Staff 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.

Scarlett Lowe
(Affiant)

SUBSCRIBED and sworn to before me this the 6th day of June, 19 91

Joyce H. Atkinson
(Notary Public)

Date Filed: _____

Hour Filed: _____

Hospital Lien L 01

✓ 619 - So 19th St
Bham AL 35233