

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

AMENDED LIEN: BOOK: 2004 PAGE: 0929000536970

STATE OF ALABAMA SHELBY COUNTY

| Notice is | hereby given, as | provided by the laws | s of the State o | f Alabama th | at UNIVERSITY OF ALABAMA | |
|--|---|---------------------------------------|-----------------------------------|--|--|-------------|
| | | | | | 5249-6510, which operates a hospital | |
| of the sam | ne name at the sa | me address, claims a | lien for the re | asonable cha | rges of hospital care, treatment and | |
| | | | | | nalet Dr. Manchester, Tn 37355 | |
| | | | | | ruing to the said Julie Williams | |
| | | | | | ement agreements entered into by | |
| | _ | | | | f action, suits, claims, counter claims, | |
| | | | | | | |
| | | | agreements at | ia winch hec | essitated such hospital care. | |
| 064096931.4240, 4338, 5 Amount Claimed: | | | Data of | Admission: | 08/27/2004, 12/08/2004, 02/28/2005, 06/17/200 |)5 |
| | | \$340, 301.03 | Date of | Aumssion. | 00/2//2004, 12/00/2004, 02/20/2005, 00/1//200 | |
| Da | ate of Injury: | 08/27/2004 | Date of | Discharge: | 09/15/2004, 12/11/2004, 03/02/2005, 06/20/200 |)5 |
| Name: | Nationwide Insurance Company Clm# 010013891 (Patrick Saindon) | | Name: | Mendota Insurance Company Clm# PA 0679611 | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| Address: | 4100 Colonnade | | Address: | P. O. Box 64801 St. Paul, MN 55164-0805 | | |
| *NI o mo o r | B'Ham, Al 3524 Patrick Saindon | | Name: | St. 1 aui, 1vii v 55104-0005 | | |
| Name: | 518 Moss Creek | ···· | I Vallic. | <u></u> | | |
| Address: | Helena Al 350 | | Address: | <u> </u> | | |
| | $\begin{array}{c} B \\ D \\ \end{array}$ | | sentative, UAI otary Public in | PFS and for the | Hospital Lien Prepared by: Tomekia Windowskia LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 County of Jefferson, State of | |
| | personally appe | | | | ne first duly sworn, doth depose and | |
| • | | - | | | as personal knowledge of the facts set | |
| Subscribe | d and sworn to b | ement of lien, and the before me this | day of Mus | 2005 | | |
| Subscribe | a and sworn to t | /CIULC 1110 11110 / | | , 000. | | |

Notary Public

NOTARY FUBLIC STATE OF ALABAMA AT LARCE MY COMMISSION EXPERES: Jan 22, 2006 BONDED THRU NOTARY FUBLIC UNDERWRITEDS