



LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Winter Ward of 1137 Donahoo Ln, Sylacauga, AL 35151, against all causes of action, suits, claims, counter claims and demands accruing to the said Winter Ward 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, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

064218598 9626 Date of Admission: 05/05/2009 Amount Claimed: \$21,974.67 05/05/2009 Date of Discharge: Date of Injury: 05/05/2009 The names and addresses 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 the claimant's knowledge, as follows: Name: Name: Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by: Nikisha Loftin UNIVERSITY OF ALABAMA HOSPITAL L450, 619 19th Street South andara Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS Casey a Notary Public in and for the County of Jefferson, State of Before me, Melvin Alabama, personally appeared, Barbara Donahoo who being by me first duly sworn, doth depose and say that she is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct. 2009. day of May Melvin D. **Notary Public**

My Commission Expires

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