

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Betty Hartsell of 1409 11th Street Se, Cullman, AL 35055, against all causes of action, suits, claims, counter claims and demands accruing to the said Betty Hartsell 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.

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Amount Claimed: \$9,785.40		\$9,785.40	Date of Admission:	05/22/2009
Date of Injury:		05/22/2009	Date of Discharge:	05/22/2009
representa	es and addresses ative of such persons, as follows:	of all persons, firms son, to be liable for	or corporations claimed by damages arising from such i	such injured person, or the legal njuries are, to the best of the claimant's
Name:	State Farm		Name:	
	PO Box 830852			
Address:	Birmingham, Al	L 35283	Address:	
	Clm# 01694660	0 & 016946630		
Name:			Name:	
Address:		·	Address:	
Alabama, is the auth foregoing	e, Meluin personally appendized represent	uly Authorized Replaced, Barbara Don tative for the claiman, and that the same	ahoo who being by me first	or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
			Molvin D. Co ary Public	seg
			11/21/2010	
		My (Commission Expires	