


**NOTICE OF HOSPITAL LIEN**  
**UNIVERSITY OF ALABAMA HOSPITAL**  
LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510  
1-888-309-8435 or 934-6405

  
20100430000133610 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
04/30/2010 01:34:01 PM FILED/CERT

**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 19<sup>th</sup> 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: William A Short Jr of 750 Co Rd 1005, Jemison, AL 35085, against all causes of action, suits, claims, counter claims and demands accruing to the said William A Short Jr or his 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.

064620574.0095

Amount Claimed: <u>\$418,127.55</u>	Date of Admission: <u>04/05/2010</u>
Date of Injury: <u>04/05/2010</u>	Date of Discharge: <u>04/27/2010</u>

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: <u>USAA Insurance</u>	Name: _____
<u>POBOX 659461</u>	_____
Address: <u>San Antonio, Tx 78265</u>	Address: _____
_____	_____
Name: _____	Name: _____
_____	_____
Address: _____	Address: _____
_____	_____

**UNIVERSITY OF ALABAMA HOSPITAL**  
By:   
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Colundra McLeod  
L450, 619 19<sup>th</sup> Street South  
Birmingham, AL 35249

Before me, Colundra McLeod a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Gail Tarver 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.

Subscribed and sworn to before me this 28<sup>th</sup> day of April, 2010.

Colundra McLeod  
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Dec 21, 2013  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

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