

## NOTICE OF HOSPITAL LIEN 04/15/2011 12:52:02 PM FILED/CERT UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 619 19<sup>th</sup> 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, JT 720, 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: Kayln Grimes of 350 Co Rd 234, Thorsby, AL 35171, against all causes of action, suits, claims, counter claims and demands accruing to the said Kayln Grimes 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.

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| A                  | mount Claimed:  | \$33,273.05  | Date of Admission:  | 04/09/2011   |
|--------------------|---|--|---|--|
| Date of Injury:    |   | 04/09/2011   | Date of Discharge:  | 04/10/2011   |
| represent          |   |  | •   | such injured person, or the legal njuries are, to the best of the claimant's   |
|                    | State Farm Insurance P.O.Box 830852                               |  | Name:   | •  |
|                    |   |  |   |  |
| Address:           | Birmingham AL   | 35283  | Address:  |  |
| Name:              |   |  | Name:   |  |
| Address:           |   |  | Address:  |  |
| Alabama the author | ne, <u>OWW</u><br>ne, <u>ersonally appearized representations</u> | uly Authorized Real Action of the claiman, and that the same of the chair of the same of the chair of the cha | epresentative, UAB/PFS  a Notary Public in and form  sen who being by me first duly | Hospital Lien Prepared by:Colundra McLeod JT 720, 619 19 <sup>th</sup> Street South Birmingham, AL 35249  or the County of Jefferson, State of y sworn, doth depose and say that she is nowledge of the facts set forth in the |
|                    |   |  | otary Public  |  |

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