

**NOTICE OF HOSPITAL LIEN**  
**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

20121116000440400 1/1 \$12.00  
Shelby Cnty Judge of Probate, AL  
11/16/2012 02:38:18 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, **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: Carrie Bell of 515 14<sup>th</sup> St N, Bessemer, AL 35020, against all causes of action, suits, claims, counter claims and demands accruing to the said Carrie Bell or his/hers 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.

064876596.2318

Amount Claimed: \$16,754.00

Date of Admission: 11/13/2012

Date of Injury: 11/13/2012

Date of Discharge: 11/13/2012

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: \_\_\_\_\_

**UNIVERSITY OF ALABAMA HOSPITAL**

By: Thomas Elmes  
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Colundra McLeod  
JT 720, 619 19<sup>th</sup> Street South  
Birmingham, AL 35249

Before me, Robert H. Boyd a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Thomas Elmes who being by me first duly sworn, doth depose and say that she/he 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 14<sup>th</sup> day of November, 2012.

Robert H. Boyd  
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Sept 30, 2015  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

6695