NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL

STATE OF ALABAMA SHELBY COUNTY

20161019000383750 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/19/2016 10:50:16 AM FILED/CERT

HILLIANS.

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is POB 308, 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: Joseph Zeller of 235 Lime Creek Lane Chelsea, AL 35043 against all causes of action, suits, claims, counter claims and demands accruing to the said Joseph Zeller or their 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.

Hospital Lien Prepared by: Wondricica Armer

POB 308, 619 19th Street South

Birmingham, AL 35249

06530947	2.6281				
	Amount Claimed:	\$52,233.19		Date of Admission:	10/07/2016
	Date of Injury:	10/07/2016		Date of Discharge:	10/10/2016
representa		•	•	s claimed by such injured g from such injuries are, t	person, or the legal to the best of the claimant's
Name:	State Farm Auto Insurance		Name:		
	Claims Department				
Address:	PO Box 106145		Address:		
	Atlanta, GA 30348			- '	
Alabama, she is the	personally appeared, authorized representa	By:	rized Represe _, a Notary Pueod, who being ant, and as so	ntative, UAB/PFS ablic in and for the Counting by me first duly sworn	y of Jefferson, State of , doth depose and say that lge of the facts set forth in2016.
		Meh	Motary Pu	as Anall, blic	CIMINSSION ET CHIMISSION ET CH