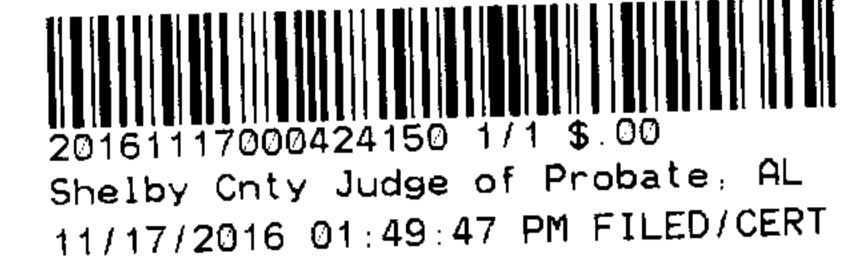
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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



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: June D. Roberts of 6402 Weaver Road Anniston, AL 36206 against all causes of action, suits, claims, counter claims and demands accruing to the said June D. Roberts 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.

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06102045	9.6297						
	Amount Claimed: \$50,943.32		Date of Admission:		10/2	10/23/2016	
	Date of Injury: 10/23/2016		Date of Discharge:		10/2	10/29/2016	
representa		•	•	claimed by such injure from such injuries are,	•		
Name:	Geico Auto Insurance		Name:				
	Claims Department			·-····································			
Address:	1 Geico Center		Address:				
	Macon, GA 31294			· · · · · · · · · · · · · · · · · · ·			
Alabama, she is the forego	personally appeared, authorized representation statement of lien	Duly Author Columbra McL tive for the claim and that the same	rized Representation of the are true and	tative, UAB/PFS blic in and for the Council by me first duly sworten has personal knowled correct.	n, doth deposed ge of the fac	e and say that	
•	en Prepared by: Wondri 619 19 th Street South	Shelle cica Armer	Notary Pul	May Jar	Contraction of the state of the	CHOMAS COMMISSION COMM	
	n, AL 35249					908L10	