CEATE OF ALADAMA
STATE OF ALABAMA COUNTY OF Shelby
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Notice is hereby given, as provided by the laws of the State of Alabama, that The Board of Trustees of the University of Alabama, whose address is University of Alabama at Birmingham, Birmingham, Alabama 35294 operating University of Alabama Hospit at 619 South 19th Street, Birmingham, Alabama 35233, claims a lien for reasonable charges for hospital care, treatment and
maintenance necessitated by injuries received by <u>Ernest Castleberry</u> (name of patient)
(city or town) (street) (street) (street) (city or town) (state) against all causes of action, claims, counter claims and demands accruing to the said patient, or his or her legal representative and against all judgments, settlements, and settlement agreements entered into by virtue thereof and on account of such injuriegiving rise to such causes of action, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.
Amount claimed: Hospital Charges \$31,173.08
Date injury received: October 29, 1989
Oate of admission into hospital: October 29, 1989 Date national discharged from benefits. Newsphere 20, 1999
Date patient discharged from nospital: November 201 1989
ৰ্ভ তি The names and address 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 claimant's knowledge, as follows:
Those persons, firms, corporations or other who caused or contributed to the injuries sustained by aforesaid patient on or about October 29, 1989 as a result of a head injury in or near Shelby County Alabama, including such insurance companies, policies, and coverage applicable thereto, whose names and identities are otherwise unknown at this time.
<u>University of Alabama Hospital</u> (Claimant)
Before me, _Scarlott J. Collins , a Notary Public in and for the County ofJefferson
State of Alabama, personally appeared <u>Cary Cooley</u> , who being by me first duly sworn, doth depose and say
that he (she) is the claimant or Administrative Assistant, for the claimant, and as such has personal knowledge (Official capacity)
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 the28th day of
Date Filed:89 NOV 29-AH-8: 40
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