

STATE OF ALABAMA )

COUNTY OF SHELBY )

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 Hospital 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  
Hugh Jones Sanford

of 5789 Spring Creek Road  
Montevallo, AL 35115

against all causes of action, claims, counter claims and demands accruing to the said patient, or his or her legal representative, and against all judgements, settlements agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, claims, counter claims, demands, judgements, settlements or settlement agreements and which necessitated such hospital care.

Amount claimed: \$5,057.82

Inst # 1995-30812

Date injury received: 06/19/95

Date of admission into hospital: 06/19/95

10/26/1995-30812  
01:10 PM CERTIFIED

Date patient discharged from hospital: 06/22/95

SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 8.50

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 follow:

David L. Blankenship  
(Claimant)

Before me, Mary L. Hudson, a Notary Public  
in and for the County of Jefferson, State of Alabama, personally appeared  
David L. Blankenship, who being by me first sworn, doth depose and say that he (she)  
is the claimant or \_\_\_\_\_, 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.

David L. Blankenship  
(Affiant)

SUBSCRIBED and sworn to before me this the 20th day of October, 1995.

Mary L. Hudson  
(Notary Public)

Date Filed:

Hour Filed: \_\_\_\_\_

Hospital Lien Form 01