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 Ervin J. Jones

P.O. Box 251 of Calera, AL 35040

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:

\$4,057.01

Inst # 1996-12788

Date injury received:

01/24/96

Date of admission into hospital:

01/24/96

04/19/1996-12788 11:01 AM CERTIFIED

Date patient discharged from hospital: 01/25/96

SHELBY COUNTY JUDGE OF PROBATE 8.50 OO1 NCD

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:

Ervin J. Jones P.O. Box 251 Calera, AL 35040

Land Blankenshin	
(Claimant)	,

		(Claimant) *	
Before me, Mar	y L. Hudson	· · · · · · · · · · · · · · · · · · ·	, a Notary Public
in and for the County of		, State of Alabama,	personally appeared
David L. Blankenship	*	_, who being by me first sworn, doth depose a	and say that he (she)
is the claimant or Repre	sentative	, for the claimant, and as such has	personal knowledge
•		, and that the same are true and correct.	
		Savra Lan (Affiant)	Kenshja
SUBSCRIBED and sworm	to before me this the <u>25th</u>		, 1996.
Date Filed:		(Notary Public) 0//	24/00
Hour Filed:			
Hospital Lien Form 01	•		