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
Robin Goggins

of   P O Box 363
      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 judgments, settlements agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

> Amount claimed: $6395.81
>
> Date injury received: 12/10/96
>
> Date of admission into hospital: 12/10/96
>
> Date patient discharged from hospital: 12/11/96

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:

Robin Goggins
P O Box 363
Calera, AL 35040

_____
(Claimant)

Before me, __Christy D. Martin_____, a Notary Public in and for the County of __Jefferson_____

_, State of Alabama, personally appeared __Yolanda Rich_____, who being by me first sworn, doth depose and say that he (she) is the claimant or __Manager_____, 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.

_____
(Affiant)

SUBSCRIBED and sworn to before me this the ____ day of __February_____, 1997

_____
(Notary Public)

Date Filed:

Hour Filed: _____

Hospital Lien Form 01