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

Lorretta Hudson P O Box 224 Helena, AL 35080

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:

\$ 18,916.78

Date injury received:

06/27/98

Date of admission into hospital: 06/27/98

Date patient discharged from hospital

06/29/98

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:

| injuries are, to the best of claimant a knowledge, as sollow. | |
|---|---|
| | <u>University of Alabama Hospital</u> (Claimant) |
| Before me, <u>Ardis M. Samuels</u> , a Notary Pu | blic in and for the County of <u>Jefferson</u> State of |
| Alabama, personally appeared_before me Yola | anda Rich, who being by me first sworn, doth |
| depose and say that he (she) is the claimant | or <u>Manager</u> , for the claimant, and as such has |
| • • • • • • • • • • • • • • • • • • • | foregoing statement of lien, and that the same are |
| true and correct. | fatanda fich |
| | (Afficiant) |
| SUBSCRIBED and sworn to before me this the | 3 rd day of <u>August</u> , 1998. |
| | ardis m. Samuels |
| | (Notary Public) |
| Date Filed: | |
| Hour Filed: | |

Hospital Lien Form 01

PCONINISSION DOTHER JUNE 24 2007

09/21/1998-36651 08:57 AH CERTIFIED SHELBY COUNTY JUDGE OF FROBATE 8.50 OO1 CRH