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

Cindy McQuade
P O Box 293
Shelby, AL 35143

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: $ 10,724.83

Date injury received: 10/23/98

Date of admission into hospital: 10/23/98

Date patient discharged from hospital 10/25/98

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:

University of Alabama Hospital
(Claimant)

Before me, Ardis M. Samuels, a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared before me 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.

Yolanda Rich
(Claimant)

SUBSCRIBED and sworn to before me this the 11th day of November, 1998.

Ardis M. Samuels
(Notary Public)

Date Filed:

Hour Filed:

Hospital Lien Form #1

1998-48270
11:34 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CRH 8.50

Inst # 1998-48270