200401200000033420 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL 01/20/2004 11:09:00 FILED/CERTIFIED

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF
ALABAMA HOSPITAL whose address is LNB 450, 619 19 th ST. S., Birmingham, AL 35249-6510,
which operates a hospital of the same name at the same address, claims a lien for the reasonable charges
of hospital care, treatment and maintenance received by: Donald Caldwell of
117 Highway 308, Shelby, Al. 35143 against all causes of action, suits, claims, counter claims and demands accruing to the said Donald Caldwell or his legal representative
and against all judgments, settlements and settlement agreements entered into by virtue thereof and on
account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands,
judgments, settlements or settlement agreements and which necessitated such hospital care.
064034391-4010 Amount claimed: 415, 536.66 Date of admission: 51/11/2004 Date of injury: 01/10/2004 Date of discharge: 01/12/2004
Amount claimed: 4/5, 036.66 Date of admission: $01/11/2004$ Date of injury: $01/10/2004$ Date of discharge: $01/12/2004$
Date of injury: 01/10/2004 Date of discharge: 01/12/2004
The names and addresses 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 the
claimant's knowledge, as follows:
Name: March March
Name: Marcys Insurance Co Name:
Address: Po Box Z19 Address:
Address: Po Box Z19 Address: Thorsby, A1.35171 Name: Titan Auto Insurance Name:
Name: 1107 > 04 1 1 1 5 5 1 1
Name. Trun Munice Name.
Address: P v Box 659793 Address:
San ANTUNIO, TX. 78265
JUNITARIO; S.A. 1026J
UNIVERSITY OF ALABAMA HOSPITAL
By; Daul Mulden
Paul D. Burchfiel, Directør/PFS
Before me, Jan L. Painel, a Notary Public in and for the County of Jefferson, State of
Alabama, personally appeared Paul D. Burchfiel, who being by me first duly sworn, doth depose and say
that he is the authorized representative 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.
Subscribed and sworn to before me this $14^{4/2}$ day of $\frac{1}{4}$ $\frac{1}{4}$, $\frac{1}{4}$, $\frac{1}{4}$.
Jour L. Vairell
Notary Public

My Commission Expires February 20, 2005