

NOTICE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
LNB Ste 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 19th 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: Destany Robinson of 555 County Rd 116, Montevallo, al. 35115 against all causes of action, suits, claims, counter claims and demands accruing to the or his legal Destany Robinson 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.

064042502-4044

Amount Claimed: \$104,385.38 Date of Admission: 02/13/2004
Date of Injury: 02/13/2004 Date of Discharge: 02/23/2004

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: _____	Name: _____
Address: _____	Address: _____
Name: _____	Name: _____
Address: _____	Address: _____

UNIVERSITY OF ALABAMA HOSPITAL

By: [Signature]
Duly Authorized Representative, UAB/PFS

Before me, Rosetta A. Square a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, [Signature] 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 26 day of Feb, 2004.

[Signature]
Notary Public