20040329000160790 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL 03/29/2004 14:00:00 FILED/CERTIFIED

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL UNIVERSITY OF Shelby Of Management of the later of t

STATE OF ALABAMA SHELBY COUNTY

Notice is I	nereby given, as	provided by the laws	of the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITA	L whose addres	s is, LNB 450, 619 19 th	h ST. S., Birmingham, AL 3	5249-6510, 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 David Vinson Jr. of POBox 192, 1708 Hwy 31, Pelham, Al. 35124				
against all	causes of action	n, suits, claims, counte	er claims and demands acc	ruing to the or his legal David Vinson Ir
representa	tive, and agains	t all judgments, settler	ments and settlement agree	ements entered into by virtue thereof
and on acc	count of such inj	uries giving rise to su	ch causes of action, suits,	claims, counter claims, demands,
udgments	s, settlements or	settlement agreements	s and which necessitated s	uch hospital care.
000322782-4	575			
Amount Claimed:		\$10,159.45	Date of Admission:	03/15/2004
Da	te of Injury:	03/15/2004	Date of Discharge:	03/15/2004
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: State Farm Auto Insurance Name:				
Address.	Cl 016517520 P O Box 266		A d d	
Addiess.	Birmingham, A		Address:	
Name:			Name:	
Address:			Address:	
say that he	personally appe	uly Authorized Repres a No ared, Manua ed representative for the	otary Public in and for the who being by r	County of Jefferson, State of ne first duly sworn, doth depose and as personal knowledge of the facts set rect.
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NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008
BONDED THRU NOTARY PUBLIC UNDERWRITERS