

**NOTICE OF HOSPITAL LIEN  
UNIVERSITY OF ALABAMA HOSPITAL**

**LNB Ste 450, 619 19<sup>th</sup> 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<sup>th</sup> 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: Lanace Castleberry of 17430 County Rd 61 N. / Wilsonville AL. 35186 against all causes of action, suits, claims, counter claims and demands accruing to the said Lanace Castleberry 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.

Pt Acct # 061198982-4610

Amount Claimed: \$8,315.34 Date of Admission: 04/19/04  
Date of Injury: 04/19/04 Date of Discharge: 04/20/04

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: <u>State Farm Insur.</u>	Name: _____
<u>Claim # 016525984</u>	_____
Address: <u>PO Box 1376</u>	Address: _____
<u>Columbiana, AL. 35051</u>	_____
Name: _____	Name: _____
Address: _____	Address: _____

**UNIVERSITY OF ALABAMA HOSPITAL**

By: Sheryl M. Jones  
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, Sheryl M. Jones 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 3rd day of May, 2004.

Rosetta A. Square  
Notary Public  
NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Jan 22, 2008  
BONDED THRU NOTARY PUBLIC UNDERWRITERS