

**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: Latasha Smith of 637 Hwy 221 Montevallo Al 35115 against all causes of action, suits, claims, counter claims and demands accruing to the said Latasha Smith 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.

064067667-4637

Amount Claimed: \$35,641.04 Date of Admission: 05/16/2004  
Date of Injury: 05/16/2004 Date of Discharge: 05/23/2004

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: <u>ALFA Auto Insurance</u> | Name: <u>Mathew Williams</u>   |
| <u>CI # A2122771</u>             |                                |
| Address: <u>1 Brown Circle</u>   | Address: <u>222 Highway 24</u> |
| <u>Alabaster, Al. 35007</u>      | <u>Montevallo, Al. 35115</u>   |
| 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, Sherrylyn 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 27<sup>th</sup> day of May, 2004.

*[Signature]*  
Notary Public  
NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Jan 23, 2008  
BONDED THRU NOTARY PUBLIC UNDERWRITERS