



20040610000313530 Pg 1/1 11.00  
 Shelby Cnty Judge of Probate, AL  
 06/10/2004 11:05:00 FILED/CERTIFIED

**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: Ruth A. Shaw of 146 Herman Vaugh Rd Steen Ms 39766 against all causes of action, suits, claims, counter claims and demands accruing to the said Ruth A. Shaw 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.

000173672-4644

Amount Claimed: \$14,574.54 Date of Admission: 05/24/2004  
 Date of Injury: 05/23/2004 Date of Discharge: 05/26/2004

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>State Farm Auto Ins</u>	Name: <u>Progressive Auto Insurance</u>
Claim # <u>016533840</u>	Claim # <u>043008328</u>
Address: <u>P O Box 830855</u>	Address: <u>2122 Columbiana Rd</u>
<u>Birmingham, Al 35283</u>	<u>Birmingham, Al. 35216</u>
Name: _____	Name: _____
Address: _____	Address: _____

**UNIVERSITY OF ALABAMA HOSPITAL**

By: *Sheralyn M. Jones*  
 Duly Authorized Representative, UAB/PFS

Before me, Roseetta A. Square a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared Sheralyn 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 7<sup>th</sup> day of June, 2004.

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