

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

		s provided by the la		nat UNIVERSITY OF ALABAMA
HOSPITA	L whose address	ss is, LNB 450, 619	19 th ST. S., Birmingham, AL 3	35249-6510, which operates a hospital
of the san	ne name at the sa	ame address, claims	s a lien for the reasonable cha	arges of hospital care, treatment and
maintenar	nce received by:	Damon Brent Arr	nstrong of 1833	Lake Knowl Drive/ Helena AL.3508
against al	l causes of actio	n, suits, claims, cou	inter claims and demands acc	cruing to the said Damon Armstrong
or his lega	al representative	e, and against all jud	igments, settlements and sett	lement agreements entered into by
virtue the	reof and on acco	ount of such injuries	s giving rise to such causes or	f action, suits, claims, counter claims
demands,	judgments, sett	lements or settleme	nt agreements and which nec	essitated such hospital care.
Pt Acct #	064071345-415	60		
Aı	mount Claimed:	\$90,869.06	Date of Admission:	5/29/04
Da	ate of Injury:	5/29/04	Date of Discharge:	6/07/04
representa	ative of such persons knowledge, as State Farm	follows: Insur.	•	injuries are, to the best of the
representa claimant's	ative of such per s knowledge, as	rson, to be liable for follows:	damages arising from such i	J 1 /
representa claimant's Name:	s knowledge, as State Farm Claim # 010	rson, to be liable for follows: Insur. Q164111	damages arising from such i	
representa claimant's Name:	State Farm Claim # 010 PO Box 830	rson, to be liable for follows: Insur. Q164111 0815	damages arising from such i	
representa claimant's Name:	State Farm Claim # 010 PO Box 830 Birminghar	rson, to be liable for follows: Insur. Q164111 0815 n AL. 35282	Name: Address:	
representa claimant's Name:	State Farm Claim # 010 PO Box 830 Birminghar Kay House	rson, to be liable for follows: Insur. Q164111 0815 n AL. 35282	damages arising from such i	
representa claimant's Name: Address: Name:	State Farm Claim # 010 PO Box 830 Birminghar Kay House	rson, to be liable for follows: Insur. Q164111 0815 m AL. 35282 Knowl Drive	Name: Address:	
representa claimant's Name: Address: Name:	State Farm Claim # 010 PO Box 830 Birminghar Kay House 1833 Lake I Helena AL	rson, to be liable for follows: Insur. Q164111 0815 m AL. 35282 Knowl Drive 35080	Name: Name: Name:	
representa claimant's Name: Address: Name:	State Farm Claim # 010 PO Box 830 Birminghar Kay House 1833 Lake I Helena AL	Insur. Q164111 0815 n AL. 35282 Knowl Drive 35080 JNIVERSITY OF	Name: Address: Address: Address:	
representa claimant's Name: Address: Address:	State Farm Claim # 010 PO Box 830 Birminghar Kay House 1833 Lake I Helena AL	Insur. Q164111 Q815 MAL. 35282 Knowl Drive 35080 JNIVERSITY OF Authorized Representations	Name: Address: Address: Address: ALABAMA HOSPITAL resentative, UAB/PFS	injuries are, to the best of the
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representa claimant's Name: Address: Address: Before me Alabama,	State Farm Claim # 010 PO Box 830 Birminghar Kay House 1833 Lake I Helena AL B D D personally appe	Insur. Q164111 Q815 The AL. 35282 Knowl Drive L. 35080 JNIVERSITY OF A Company and the compa	Name: Address: Address: ALABAMA HOSPITAL resentative, UAB/PFS Notary Public in and for the who being by resemble and the second and the	
representa claimant's Name: Address: Address: Address: Address:	State Farm Claim # 010 PO Box 830 Birminghar Kay House 1833 Lake I Helena AL B personally appears the authorize e foregoing state	Insur. 2164111 2815 M AL. 35282 Knowl Drive 35080 JNIVERSITY OF Ouly Authorized Representative for ement of lien, and the content of lien, and the lien of lien, and the lien of lien of lien	Name: Address: Address: ALABAMA HOSPITAL resentative, UAB/PFS Notary Public in and for the who being by resemble and the second and the	County of Jefferson, State of the first duly sworn, doth depose and as personal knowledge of the facts serect.

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Feb 27, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS