



20041230000707840 Pg 1/1 11.00
Shelby Cnty Judge of Probate, AL
12/30/2004 10:38:00 FILED/CERTIFIED

NOTICE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA
SHELBY COUNTY

AMENDED LIEN: BOOK: 2004/PAGE: 1123000643120

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 19th 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: Wendell Edward Overstreet of 39 Clear Spring Way Lt 31, Shelby, AL 35143 against all causes of action, suits, claims, counter claims and demands accruing to the said Wendell E. Overstreet 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.
064114196.4303, 4342

Amount Claimed: \$93,018.51

Date of Admission: 10/29-12/08/2004

Date of Injury: 10/29/2004

Date of Discharge: 11/10-12/09/2004

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: STATEFARM AUTO INSUR
CLM# 016571746

Name: _____

Address: 100 STATEFARM PARKWAY
BIRMINGHAM, AL 35209

Address: _____

Name: KIMBERLY HOWARDS
319 SHORES CAMP ROAD

Name: _____

Address: ADGER, AL 35006

Address: _____

UNIVERSITY OF ALABAMA HOSPITAL

By: [Signature]
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Sherolyn Jones
619 19th Street South
Birmingham, Alabama 35249

Before me, Rosetta A. Square a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Dr. Andrew Crawford 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 22 day of Dec, 2004.

[Signature]

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Jan 22, 2008
BONDED THRU NOTARY PUBLIC UNDERWRITERS

1157