20050517000238370 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 05/17/2005 03:48:11PM FILED/CERT

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

STATE OF ALABAMA SHELBY COUNTY

		provided by the laws				
		s is, LNB 450, 619 19 th				
		me address, claims a				
						Columbiana, Al 35051
against all	causes of action	ı, suits, claims, counte	r claims and demand	ds acc	ruing to the said	Ruth Brody
or his legal representative, and against all judgments, settlements and settlement agreements entered into by						
virtue ther	reof and on acco	unt of such injuries gi	ving rise to such cau	ises of	faction, suits, cla	ims, counter claims,
demands,	judgments, settl	ements or settlement a	greements and which	h nec	essitated such hos	spital care.
06416216	2.5123					
Ar	Amount Claimed: \$32,562.09		Date of Admission:		05/03/2005	
Da	ate of Injury:	05/03/2005	Date of Discha	arge:	05/09/02005	
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		Name:			
	Clm/01 6615 66	4				
Address:	P.O.Box 830852		Address:			
Name:	Birmingham, Al	33283	Name:			
Address:			Address:			
Alabama, say that he forth in the	e, <u>lame la</u> personally apperent the authorization of the state of the	•	entative, UAB/PFS tary Public in and forst who being the claimant, and as so the same are true and the same are true are true and the same are true and	or the such h	LNB 450, Birminghan County of Jeffers ne first duly swor as personal know	repared by: Tomekia Wilson 619 19th Street South In, Alabama 35249-6510 son, State of In, doth depose and Iteldge of the facts set

Notary Public