

**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: Mary J. Griffin of 234 Norwick Forest Dr, Alabaster, AL 35007 against all causes of action, suits, claims, counter claims and demands accruing to the said Mary J. Griffin 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.

064255097.6110

Amount Claimed: \$100,096.69 Date of Admission: 04/20/2006  
Date of Injury: 04/20/2006 Date of Discharge: 05/02/2006

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>StateFarm</u>	Name: _____
Clm: <u>016698109</u>	_____
Address: <u>100 StateFarm Pkwy,</u>	Address: _____
<u>P.O.Box 2661</u>	_____
<u>B'Ham, AL 35297</u>	_____
Name: _____	Name: _____
Address: _____	Address: _____

**UNIVERSITY OF ALABAMA HOSPITAL**

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

**Hospital Lien Prepared by: Tomekia Wilson**  
**LNB 450, 619 19th Street South**  
**Birmingham, Alabama 35249-6510**

Before me, Rosetta A. Square a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Mark D. Garst 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 5<sup>th</sup> day of May, 2006.

[Signature]  
Notary Public  
NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Jan 22, 2008  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

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