## 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

State Farm

PO Box 860852

Birmingham, AL 35282

CLM# 01-6714-904

Name:

Address:

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: Myrtlene Hall of 303 Brook Lane, Selma, AL 36703, against all causes of action, suits, claims, counter claims and demands accruing to the said Myrtlene Hall or her 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. 064274626.6183 Date of Admission: 07/02/2006 Amount Claimed: \$20,172.06 Date of Discharge: 07/05/2006 07/02/2006 Date of Injury:

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:

Address:

Name:	Name:	
Address:	Address:	
B	LNB	Prepared by: Barbara Do 450, 619 19th Street South gham, Alabama 35249-651
Before me, <u>Sockwa</u>	•	
· •	ared, Patricia Naish who being by me first duly sworn, doth we for the claimant, and as such has personal knowledge of the	
	efore me this $2^{+}$ day of $3^{+}$	, <b>2006</b> .
	Sorbera Monahoo Notary Public	