200701300000045000 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 01/30/2007 02:28:38PM FILED/CERT

## 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: Keith M. Barfield of 101 Stevens Hill Circle, Birmingham, AL 35244, against all causes of action, suits, claims, counter claims and demands accruing to the said Keith M. Barfield 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.

his lega	l representative, an	ıd against all judgn	nents, settlements and settlem	ent agreements entered into by virtue
thereof	and on account of	such injuries giving	g rise to such causes of action	i, suits, claims, counter claims,
demand	ls, judgments, settle	ements or settleme	nt agreements and which nece	essitated such hospital care.
064325	505-7017			
Amount Claimed:		\$114,449.74	Date of Admission:	01/17/2007
	Date of Injury:	01/17/2007	Date of Discharge:	01/23/2007
represe	nes and addresses on tative of such person the contraction of the cont	son, to be liable for	s or corporations claimed by damages arising from such i	such injured person, or the legal njuries are, to the best of the
Name:	Allstate		Name:	
	P.O. Box 44051	9		
Address:	s: Kennesaw, GA	30160	Address:	
	CLM#18471486	597		
Name:			Name:	
Address				
Auurcs	<b></b>			
	$\mathbf{B}$	y: Sarlarz uly Authorized Rep	resentative, UAB/PFS	Hospital Lien Prepared by: Dorothy McCurd LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Before	me. Tospld	1 A. Dan	a Notary Public in and	for the County of Jefferson, State of
				e first duly sworn, doth depose and say
				ersonal knowledge of the facts set
forth in	the foregoing state	ment of lien, and t	hat the same are true and cor	rect.
Subscri	bed and sworn to b	pefore me this 25	day of	2007.
			ISIAN CAGO	

Notary Public

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

2700