

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

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 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: Dana N Chambers of 68 Town & Country Cir, Birmingham, AL 35215, against all causes of action, suits, claims, counter claims and demands accruing to the said Dana N Chambers 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.

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An	nount Claimed:	\$5,585.08	Date of	Admission:	02/11/2008
Date of Injury:		02/11/2008	Date of Discharge:		02/11/2008
the legal re	epresentative of	<u> </u>	liable for damag	•	such injured person, or om such injuries are, to
Name:	State Farm Auto Insurance		Name:	Dan Doriety	
	P.O. BOX 830852				
Address:	BIRMINGHAM AL 35283		Address:		
	Attn.: Dean Bald	win			
Name:	Clm# 016844636	5	Name:		
		·			
Address:			Address:		epared by: Nikisha Lof
	\mathbf{B}_{i}	NIVERSITY OF y: San January uly Authorized Rep	ALABAMA HO	OSPITAL	Alabama 35249-6510
Jefferson, sworn, dot	State of Alabam th depose and sa	y that he is the aut	eared, <u>Barbara D</u> horized represen	onahoo who tative for the	or the County of being by me first duly claimant, and as such lien, and that the same
<u> </u>	. 1	efore me this		Februare	
			tary Public		
motary fublic state of Alabama at Large My commission expires: Jun 22, 2012					

SOMED THRU NOTARY PUBLIC UNDERWRITERS

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