

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: Chris C Campisi of 5100 Hollow Log Lane, Birmingham, AL 35244, against all causes of action, suits, claims, counter claims and demands accruing to the said Chris C Campisi 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.

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settleme	ents or settlement a	greements and whic	h necessitated such hospital	care.
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	Amount Claimed:	\$344,589.78	Date of Admission:	03/30/2008
Date of Injury:		03/29/2008	Date of Discharge:	04/30/2008
represe			-	such injured person, or the legal njuries are, to the best of the claimant's
Name:	Farmers Insurance Group		Name:	
	Attn.: Nicholas Duett			
Address	s: PO Box 268993		Address:	
	Okalahoma City, OK 73126 8993			
Name:	Clm# 1011815745		Name:	
Addres	s:		Address:	
Alabam is the ar	me, <u>os of la</u> na, personally appe uthorized represent ng statement of lie	ared, Barbara Dona tative for the claimar	hoo who being by me first	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
Subscri	ocu anu swom to t		Ty Public	Ju
		TTULA		

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2012 RONDED THRU NOTARY PUBLIC UNDERWRITERS