

NOTICE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA
SHELBY COUNTY

AMENDED LIEN: DOC NUMBER 20071227000580080

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: Jennifer Lutz of PO Box 215, Maylene, Al 35114, against all causes of action, suits, claims, counter claims and demands accruing to the said Jennifer Lutz 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.

064398537-7304, 7353, 8025, 8520, 8001, 8023, 8059, 8085, 8120, 8547, 8603, 8609

Amount Claimed:	<u>\$872,904.85</u>	Date of Admission:	<u>11/1/2007, 12/19/2007, 1/25/2008, 1/20/2008, 1/23/2008,</u> <u>1/25/2008, 2/28/2008, 3/26/2008, 4/30/2008, 2/16/2008,</u> <u>4/12/2008, 4/18/2008</u>
Date of Injury:	<u>11/1/2007</u>	Date of Discharge:	<u>12/19/2007, 12/31/2007, 1/25/2008, 1/20/2008, 1/23/2008,</u> <u>1/25/2008, 3/11/2008, 3/26/2008, 4/30/2008, 2/28/2008,</u> <u>4/13/2008, 4/18/2008</u>

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>ALFA</u>	Name:	<u></u>
	<u>PO Box 516</u>		<u></u>
Address:	<u>Ashville, Al 35283</u>	Address:	<u></u>
	<u>Claim #A1201759</u>		<u></u>
Name:	<u></u>	Name:	<u></u>
	<u></u>		<u></u>
Address:	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

UNIVERSITY OF ALABAMA HOSPITAL

By: Barbara Donahoo
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: **Donna Sweatman**
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, **Barbara Donahoo** 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 14th day of May, 2008.

Rosetta A. Square
Notary Public
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Jan 23, 2012
BONDED THRU NOTARY PUBLIC UNDERWRITERS

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