

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: Jacqueline D Wolfe of 3644 Cedar Creek Circle, Trussville, AL 35173, against all causes of action, suits, claims, counter claims and demands accruing to the said Jacqueline D Wolfe 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.

representa	tive, and against	all judgments	s, settlements and settlement agree	ements entered into by virtue thereof and
on accoun	nt of such injuries	s giving rise to	such causes of action, suits, clair	ns, counter claims, demands, judgments,
settlement	ts or settlement a	greements and	d which necessitated such hospital	l care.
00042585	8 8659			
Amount Claimed:		\$37,652.27	Date of Admission:	06/07/2008
Date of Injury:		06/07/2008	Date of Discharge:	06/13/2008
representa		•	firms or corporations claimed by e for damages arising from such i	such injured person, or the legal njuries are, to the best of the claimant's
Name:	HARTFORD		Name:	
	ATTN.: NICOLI	E RICHARDSC	N	
Address:	PO BOX 31001		Address:	
	TAMPA, FL 33631			
Name:	CLM# YXSAM01000		Name:	
Address:			Address:	
	By D	y: Authorized	OF ALABAMA HOSPITAL Representative, UAB/PFS	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249
Alabama, is the auth foregoing	personally appear orized representations statement of lier	ared, Barbara ative for the class, and that the	Donahoo who being by me first	or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
			Dorna Serre	aturan
			Notary Public	ABANIA AT LAKGE

NOIARY PULLE STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 12, 2011 NONDED THRU NOTARY PUBLIC UNDERWRITERS