

**NOTICE OF HOSPITAL LIEN**  
**UNIVERSITY OF ALABAMA HOSPITAL**  
LNB Ste 450, 619 19<sup>th</sup> 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 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: Rebecca Hornbuckle of 5041 Meadowbrook Road, Birmingham, AL 35242, against all causes of action, suits, claims, counter claims and demands accruing to the said Rebecca Hornbuckle 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.

064472696.8742

Amount Claimed: \$16,769.50

Date of Admission: 08/29/2008

Date of Injury: 08/29/2008

Date of Discharge: 08/30/2008

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: State Farm  
PO Box 830852  
Address: Birmingham, AL 35283  
CLM# 01688733  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**UNIVERSITY OF ALABAMA HOSPITAL**  
By: Barbara Donahoo  
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: **Nikisha Loftin**  
**L450, 619 19<sup>th</sup> Street South**  
**Birmingham, AL 35249**

Before me, Rosetta A. Squave 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 she 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 3rd day of September, 2008.

Rosetta A. Squave  
Notary Public

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