

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: Inez Miller Papadakos of 928 Cove Circle, Birmingham, AL 35244, against all causes of action, suits, claims, counter claims and demands accruing to the said Inez Miller Papadakos 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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A	mount Claimed: \$ 42,090.04	Date of Admission: 03/20/2009	9
D	ate of Injury: 03/20/2009	Date of Discharge: 03/25/2009	9
representa	es and addresses of all persons, first ative of such person, to be liable for se, as follows:	ms or corporations claimed by such for damages arising from such injurie	injured person, or the legal es are, to the best of the claimant's
Name:	Safeco	Name:	
	PO Box 515097		
Address:	Los Angeles, CA 90051	Address:	
	Clm# 518087593018		
Name:		Name:	
Address:		Address:	
	By: Danta	F ALABAMA HOSPITAL TO LONG Presentative, UAB/PFS	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249
Alabama, is the auth foregoing	personally appeared, Barbara Descrized representative for the claim statement of lien, and that the sand and sworn to before me this 3	nant, and as such has personal know! ne are true and correct.	sworn, doth depose and say that she
		nolum W. Casen tary Public Com	m exp 11/21/2010