

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: Ceary Embry of 5660 Doug Hollow Road, Pinson, AL 35126, against all causes of action, suits, claims, counter claims and demands accruing to the said : Ceary Embry 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.

064366155.9751

Amount Claimed: \$10,654.07

Date of Admission: 09/07/2009

Date of Injury: 09/07/2009

Date of Discharge: 09/07/2009

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# 016968724

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

UNIVERSITY OF ALABAMA HOSPITAL

By: Barbara Donahoo
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: **Barbara Donahoo**
L450, 619 19th Street South
Birmingham, AL 35249

Before me, Melvin D Casey 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 10 day of Sept, 2009.

Melvin D. Casey
Notary Public

11/21/2010
My Commission Expires

4649