

## 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 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: Louise Simons of 1355 Hwy 81, Vincent, AL 35178, against all causes of action, suits, claims, counter claims and demands accruing to the said Louise Simons 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.

064623834	4.0105			
Amount Claimed:		\$46,481.04	Date of Admission:	04/15/2010
Date of Injury:		04/15/2010	Date of Discharge:	04/15/2010
representa	s and addresses tive of such pers e, as follows:	of all persons, firm son, to be liable for	s or corporations claimed by damages arising from such i	such injured person, or the legal injuries are, to the best of the claimant's
Name:	Liberty Mutual		Name:	
	Clm#14570201			
Address:	2501 Wilmington Rd		Address:	
	New Castle, PA	16105		
Name:			Name:	
Address:			Address:	
Alabama, authorized	b, <u>Audu</u> personally apped representative	uly Authorized Repared, Gail Tarver for the claimant, and that the same before me this	who being by me first duly and as such has personal know eare true and correct.  day of   day of	
			Sound Manual Mary Public	Med