Shelby Cnty Judge of Probate, AL 07/29/2010 12:29:24 PM FILED/CERT

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 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: Jeremy Seritt of 212 Hughes Rd, Columbiana, AL 35051, against all causes of action, suits, claims, counter claims and demands accruing to the said Jeremy Seritt 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.

064650550.0204 Date of Admission: 07/23/2010 Amount Claimed: \$9,408.34 Date of Discharge: 07/24/2010 07/23/2010 Date of Injury: 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: Allstate Insurance Name: Clm#0173502246 P.O.Box 440519 Kennesaw, Ga 30160 Address: Address: Name: Name: Address: Address: UNIVERSITY OF ALABAMA HOSPITAL JT 720, 619 19th Street South By:

Hospital Lien Prepared by:Colundra McLeod Birmingham, AL 35249

a Notary Public in and for the County of Jefferson, State of Before me, Alabama, personally appeared, Gail Tarver 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

Duly Authorized Representative, UAB/PFS

Subscribed and sworn to before me this _____day of ____

Dundra M **Notary Public**

NOTABY PUBLIC STATE OF ALAE WHAT LANGE MY COMMISSION EXPIRES: Dec 21, 2018 CONDED HAUNOTARY PUBLIC UNDIMINATERE