

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: Doris Rinker of 913 Chestnut St, Birmingham, AL 35216, against all causes of action, suits, claims, counter claims and demands accruing to the said Doris Rinker 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.

giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care. 064657266.0229 Date of Admission: 08/17/2010 Amount Claimed: \$48,354.71 Date of Discharge: 08/24/2010 08/17/2010 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: State Farm Insurance Name: Name: P.O.Box 830852 Birmingham AL 35283 Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by: Colundra McLeod UNIVERSITY OF ALABAMA HOSPITAL JT 720, 619 19th Street South By: Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS a Notary Public in and for the County of Jefferson, State of 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. 2010. _day of

Notary Public

MY GOMMISSION EXPIRSE Date; 2019 BY TANKETHEN MOVING HOLLO BROUGH, SUSKY