

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 619 19<sup>th</sup> 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: Jerri P White of 16877 Hwy 55, Sterrett, AL 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Jerri P White 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.

Date of Admission: 09/29/2010

064670429.0272

Amount Claimed: \$335,215.82

Da	ate of Injury:	09/29/2010	Date of	Discharge:	10/18/2010	
representa					such injured person, or the njuries are, to the best of	
Name:	State Farm Insurance Clm#		Name:	Alfa Insurance(At Fault) Nola Wells Clm# X05-1396		
	P.O.Box 83085	2		P.O.Box 516		
Address:	Birmingham Al	35283	Address:	Ashville, AL	35953	
Name:			Name:			
Address:			Address:			
UNIVERSITY OF ALAPAMA HOSPITAL  By Duly Authorized Representative, UAB/PFS  Before me, 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 day of						
		Notary  At the second s	TY PUBLIC STAT	Man	ed	

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