

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: Heather Craig of 127 Hidden Creek Lane, Montevallo, AL, 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Heather Craig 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.

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. 064671925.0276 Date of Admission: 10/03/2010 Amount Claimed: \$25,231.00 10/03/2010 Date of Discharge: 10/03/2010 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: USAA Insurance Name: POB 5000 Daphne, AL 35115 Address: Address: CLM#1150147 Name: Name: Address: Address: Hospital Lien Prepared by: Kelli Hill UNIVERSITY OF ALABAMA HOSPITAL L450, 619 19th Street South dat 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. Dely Subscribed and sworn to before me this ______ day of _______ **2010**. **Notary Public** TO THE PURPLE OF THE PARTY OF T THE LEWIS CONTRACTOR OF THE STATE OF THE STA

PART THE TANK THE PART OF THE

5344