20101110000376570 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 11/10/2010 11:32:23 AM 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: Wynter Delucia of 121 Thatcher Dr, Vincent, AL 35178, against all causes of action, suits, claims, counter claims and demands accruing to the said Wynter Delucia 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.

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Ar	nount Claimed:	\$336,366.17	Date of	Admission:	10/12/2010	
Date of Injury: 10/12/2010		10/12/2010	Date of Discharge:		11/04/2010	
representa		•	•	•	such injured person, on injuries are, to the best	
Name:	me: State Farm Insurance Clm# 018051839		Name:	Statefarm Insurance (At Fault Party) Clm# 01002B-666		<u> </u>
	P.O.Box 830852		P.O.Box 830		852	
Address:	Birmingham AL 35283		Address:	Birmingham	m AL 35283	
Name:			Name:			
Address:			Address:		·—··	
Alabama, authorized	B D (<u>)</u> (<u>UU</u>) personally appear representative f	ared, Gail Tarver w	sentative, UAI a Notary Pu ho being by m as such has pe	3/PFS blic in and for the first duly systematics of the system of the sy	JT 720, 619 Birmingh r the County of Jeffer worn, doth depose and edge of the facts set for	d say that she is the orth in the
			y Public	14	lod	