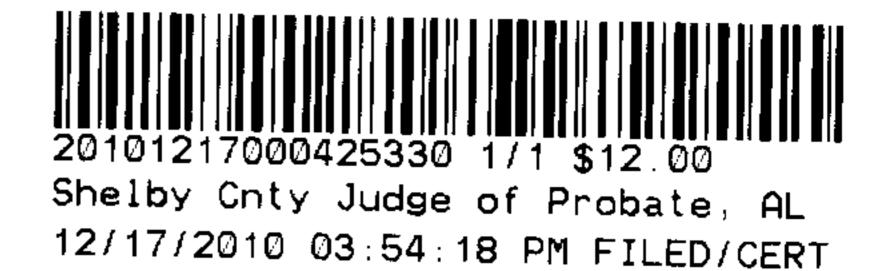
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Walter Martin of 452 Waterford Dr, Calera, Al 35040, against all causes of action, suits, claims, counter claims and demands accruing to the said Walter Martin 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.

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. 064037434.0347 Date of Admission: 12/10/2010 Amount Claimed: \$15,730.90 Date of Discharge: 12/10/2010 12/10/2010 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: P.O.Box 440519 Kennesaw Ga 30160 Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by: Colundra McLeod UNIVERSITY OF ALABAMA HOSPITAL JT 720, 619 19th Street South 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.

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_ day of \_\_\_\_\_\_ day of \_\_\_\_\_\_ ...

Notary Public

NOTARY PUBLIC STATE OF A GRAMMANT LARGE MY COMMISSION EXCENSES DATE 12012 STATE OF THE OWNER PROPERTY OF A COMMISSION OF THE STATE OF THE COMMISSION OF THE STATE OF THE STATE