

**NOTICE OF HOSPITAL LIEN**  
**UNIVERSITY OF ALABAMA HOSPITAL**  
LNB 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**

**AMENDED LIEN BOOK: INST20101110000376570 PAGE: 1**

Notice is hereby given, as provided by the laws of the State of Alabama that **UNIVERSITY OF ALABAMA HOSPITAL** whose address is, **LNB 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: 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.

064674701.0285, 0308

Amount Claimed: \$362,170.29

Date of Admission: 10/10/2010, 11/04/2010

Date of Injury: 10/12/2010

Date of Discharge: 11/04/2010, 11/11/2010

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: State Farm Insurance  
Clm# 018051839  
P.O Box 830852

Address: Birmingham, AL 35283

Name: Statefarm Insurance  
CLM# 01002B-666  
P.O Box 830852

Address: Birmingham AL 35283

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**UNIVERSITY OF ALABAMA HOSPITAL**

By: [Signature]  
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: **Gail Tarver**  
JT 7200, 619 19<sup>th</sup> Street South  
Birmingham, AL 35249

Before me, Columdra Meed 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 2nd day of December, 2010.

Columdra Meed  
**Notary Public**

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Dec 21, 2015  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

**My Commission Expires**

20101229000436340 1/1 \$12.00  
Shelby Cnty Judge of Probate, AL  
12/29/2010 08:52:01 AM FILED/CERT

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