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: Jeffrey Sillery of 345 Snow Dr, Saginaw, AL 35137 against all causes of action, suits,

claims, counter claims and demands accruing to the said <u>Jeffrey Sillery</u> or his/hers 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.

064741315.1168

 Amount Claimed:
 \$29,838.74
 Date of Admission:
 06/17/2011

 Date of Injury:
 06/17/2011
 Date of Discharge:
 06/18/2011

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:

Name: Farmers Insurance

	Clm# 1018964468		
	P.O.Box 268993		
Address:	Oklahoma City OK 73126	Address:	
Name:		Name:	
Address:		Address:	
	UNIVERSITY OI By:	F ALABAMA HOSPITAL	Hospital Lien Prepared by:Colundra McLeod JT 720, 619 19 th Street South Birmingham, AL 35249
	Duly Authorized Re	enresentative UAR/PFS	Diffiningham, AU 55249
Before me	e. Comandia Myaa	a Notary Public in and for	r the County of Jefferson, State of
Alabama,	personally appeared, Thomas El	mes who being by me first duly	w sworn, doth depose and say that she is
the author	rized representative for the claima	nt, and as such has personal kno	owledge of the facts set forth in the
	statement of lien, and that the sar		

Subscribed and sworn to before me this 265 day of 100000, 2011.

20110627000185800 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 06/27/2011 09:40:25 AM FILED/CERT Notary Public STATE OF ALABAMA ATLANGE NOTARY PUBLIC STATE OF ALABAMA ATLANGE MY COMMISSION EXPIRES: Duc 21, 2013 BUNDED THRU NOTARY PUBLIC UNDERWRITERS

