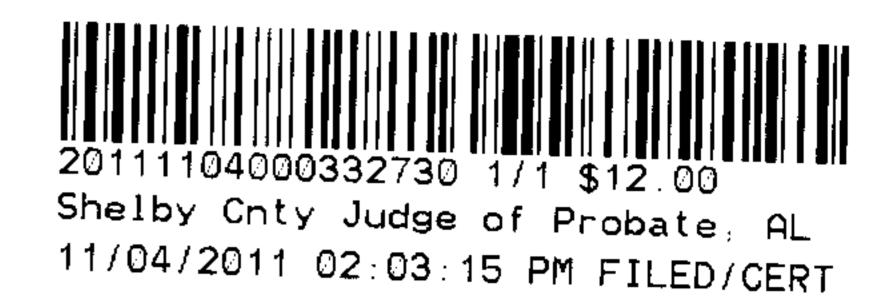
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Essie Brownlee of 110 Cedar St, Montevallo, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Essie Brownlee 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.

06477058	4.1276			
Amount Claimed: \$508,956		\$508,956.82	Date of Admission:	10/03/2011
Date of Injury: 10/03/2011		Date of Discharge:	10/27/2011	
representa		<b>_</b>	•	such injured person, or the legal njuries are, to the best of the claimant's
Name:	State Farm Insurance		Name:	
	P.O.Box 830852			
Address:	Birmingham AL 35283		Address:	
Name:			Name:	
Address:			Address:	
Alabama, the author	e, <u>QUI</u> personally apperized representate	ared, Thomas Elmive for the claimant on, and that the same before me this	es who being by me first dult, and as such has personal known true and correct.  day of	Hospital Lien Prepared by:Colundra McLeod JT 720, 619 19 <sup>th</sup> Street South Birmingham, AL 35249  or the County of Jefferson, State of y sworn, doth depose and say that she is nowledge of the facts set forth in the  OCC, 2011.
			runded	

Noting APUBLIC STATE U. ALGENIANA LANGE
MY COMMISSION EXPIRES: Dec 21, 2013
CONDED THEU NOTARY PUBLIC UNDERWRITERS