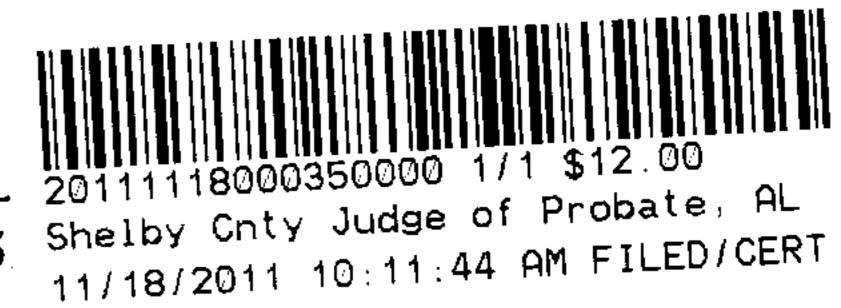
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 619 19th ST. S., Birmingham, AL 35249-65. 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: Walter Northington of P.O.Box 91, Chelsea, AL 35043, against all causes of action, suits, claims, counter claims and demands accruing to the said Walter Northington 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.

such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or 000195896.1315 Date of Admission: 11/11/2011 Amount Claimed: \$10,398.97 Date of Discharge: 11/12/2011 11/11/2011 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: American National Name: Name: Clm# 01A2EJ820 1949 E Sunshine Address: Springville MO 65899-0001 Address: Name: Name: Address: Address: UNIVERSITY OF ALAMA HOSPITAL Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19th Street South MANN Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Thomas Elmes 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

CK.Mueod

Notary Public

foregoing statement of lien, and that the same are true and correct.

Subscribed and sworn to before me this ______ day of ______ day of _______

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Dec 21, 2013
RONDED THRU NOTARY PUBLIC UNDERWRITERS