

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: Tracy Ross of P.O.Box 320471, Birmingham, AL 35206, against all causes of action, suits, claims, counter claims and demands accruing to the said Tracy Ross 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.

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| Amount Claimed: \$18,843.24 | Date of Admission: | 11/24/2011 |
| Date of Injury: 11/24/2011 | Date of Discharge: | 11/24/2011 |
| The names and addresses of all persons, firms representative of such person, to be liable for knowledge, as follows: | or corporations claimed by damages arising from such in | such injured person, or the legal njuries are, to the best of the claimant's |
| Name: | Name: | |
| Address: | Address: | |
| Name: | Name: | |
| Address: | Address: | |
| Before me Owndra Mucod Alabama, personally appeared, Thomas Elmethe authorized representative for the claimant foregoing statement of lien, and that the same Subscribed and sworn to before me this | and as such has personal kreare true and correct two day of | nowledge of the facts set forth in the Local Del 2011. |
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MY COMMISSION EXPIRES: Dec 21, 2013

BONDED THRU NOTARY PUBLIC UNDERWRITER