

## 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: Bobbie Kelley of 96 Turtle Lane, Calera, AL 35040, against all causes of action, suits, claims, counter claims and demands accruing to the said Bobbie Kelley 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.

giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care. 064784052.1326 Amount Claimed: \$26,669.61 Date of Admission: 11/22/2011 Date of Injury: 11/22/2011 Date of Discharge: 11/22/2011 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: Alfa Insurance Name: Clm# x0400002177 2692 Pelham Parkway Ste E Pelham AL 35124 Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by: Colundra McLeod UNIVERSITY OF ALABAMA HOSPITAL JT 720, 619 19th Street South By: 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 foregoing statement of lien, and that the same are true and correct.

A day of day of Subscribed and sworn to before me this \_\_\_\_\_\_\_day of \_\_\_\_\_\_ **2011**.

Notaty Public STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES. Dec. 21, 2013
BONDED THRU NOTARY SUTTIONS FARTERS