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: Justin Smith of 177 Fleming Rd, Vincent, AL 35178, against all causes of action, suits, claims, counter claims and demands accruing to the said Justin Smith 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. 064794290.2007 01/07/2012 Date of Admission: Amount Claimed: \$30,644.35 01/07/2012 Date of Discharge: 01/07/2012 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: Name: Name: Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by: Colundra McLeod UNIVERSITY OF ALABAMA HOSPITAL JT 720, 619 19th Street South MAN 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.

Subscribed and sworn to before me this ______day of _____ Tanuary

201201200000024070 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 01/20/2012 11:28:28 AM FILED/CERT

Notary Public STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Dec 21, 2013
BONDED THEU NOTARY PUBLICUNDERVINTERS

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