

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: Sara Hobbs of 100 Hobbs Lane, Sterrett, AL 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Sara Hobbs 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.

064321374.2005

Amount Claimed: \$14,351.65 Date of Admission: 01/05/2012
Date of Injury: 01/05/2012 Date of Discharge: 01/05/2012

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: <u>Allstate Insurance</u>	Name: _____
<u>Clm# 91565069602-18</u>	_____
<u>P.O.Box 440519</u>	_____
Address: <u>Kennesaw GA 30160</u>	Address: _____
_____	_____
Name: _____	Name: _____
_____	_____
Address: _____	Address: _____
_____	_____

UNIVERSITY OF ALABAMA HOSPITAL

By: Thomas Elmes

Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Colundra McLeod
JT 720, 619 19th Street South
Birmingham, AL 35249

Before me, Colundra McLeod 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 10th day of January, 2012.



20120120000024080 1/1 \$12.00
Shelby Cnty Judge of Probate, AL
01/20/2012 11:28:29 AM FILED/CERT

CK McLeod
Notary Public STATE OF ALABAMA
MY COMMISSION EXPIRES ON 21 2013
BONDED THRU NOTARY PUBLIC SUPERVISORS