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

AMENDED - BK: 20120109000009350 PG:1

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: Margarit Hernandez-Mejia of 8380 Hwy 119 Apt. A, Alabaster, AL 35007 against all causes of action, suits, claims, counter claims and demands accruing to the said Margarit Hernandez-Mejia 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.

064728319-1121, 1174, 1133, 1207, 1219, 1345, 1355 Date of Admission: 05/01/2011; 06/28/2011; 07/18/2011; \$58,259.92 Amount Claimed: 07/26/2011; 08/12/2011; 12/16/2011; 01/09/12 05/01/2011; 06/28/2011; 07/18/2011; Date of Injury: Date of Discharge: 05/01/2011 07/27/2011; 08/12/2011; 12/16/2011; 01/09/12 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: State Farm Insurance Name: Name: PO Box 830852 Birmingham, AL 35283 Address: Address: Claim # 018082451 Name: Name: Address: Address: UNIVERSITY OF ALASSAMA HOSPITAL Hospital Lien Prepared by: Olivia Armstrong 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 he 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 corkect.

day of

201202100000050240 1/1 \$12.00 201202100000050240 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 02/10/2012 12:06:51 PM FILED/CERT

Subscribed and sworn to before me this

NOTARY PUBLIC STATE OF ALABAMA AT HARGE Notary Public MY COMMISSION EXPIRES Sept 30, 2015

2012.

Mari

BONDED THRU NOTARY PUBLIC UNDERWATTERS