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: 20120210000050240 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

Amount Claimed:	$73,200.92	Date of Admission:	05/01/2011; 06/28/2011; 07/18/2011; 07/26/2011; 08/12/2011; 12/16/2011; 01/09/12
Date of Injury:	05/01/2011	Date of Discharge:	05/01/2011; 06/28/2011; 07/18/2011; 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:

Name:	State Farm Insurance	Name:	
	PO Box 830852		
Address:	Birmingham, AL 35283	Address:	
	Claim # 018082451		
Name:		Name:	
Address:		Address:	

UNIVERSITY OF ALABAMA HOSPITAL
By: Thomas Elmes
Duly Authorized Representative, UAB/PFS

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

Before me, Coundra Mueod 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 correct.
Subscribed and sworn to before me this 21 day of February, **2012.**

CK Mueod
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Dec 21, 2015
BONDED THRU NOTARY PUBLIC UNDERWRITERS

20120224000066650 1/1 $12.00
Shelby Cnty Judge of Probate, AL
02/24/2012 01:49:03 PM FILED/CERT

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