

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

Shelby Cnty Judge of Probate, AL 03/30/2012 10:36:13 AM FILED/CERT

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: Kleindienst Adams of 2009 Branchwood Lane, Birmingham, AL 35235, against all causes of action, suits, claims, counter claims and demands accruing to the said Kleindienst Adams 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.

settlements or settlement agreements and which necessitated such hospital care. 064814799.2084 Date of Admission: 03/24/2012 Amount Claimed: \$28,589.95 Date of Discharge: 03/24/2012 03/24/2012 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: UNIVERSITY OF ALABAMA HOSPITAL Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19th Street South CAPPLAN 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/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 ______day of ______ (\lambda \lambda \l Chrilled

Notary Public STATE OF ALLEANA AT LARGE MY COMMISSION SAFIRES Dec 21, 2010 8000 PUBLIC TO PUBLIC UNDERVISIT.