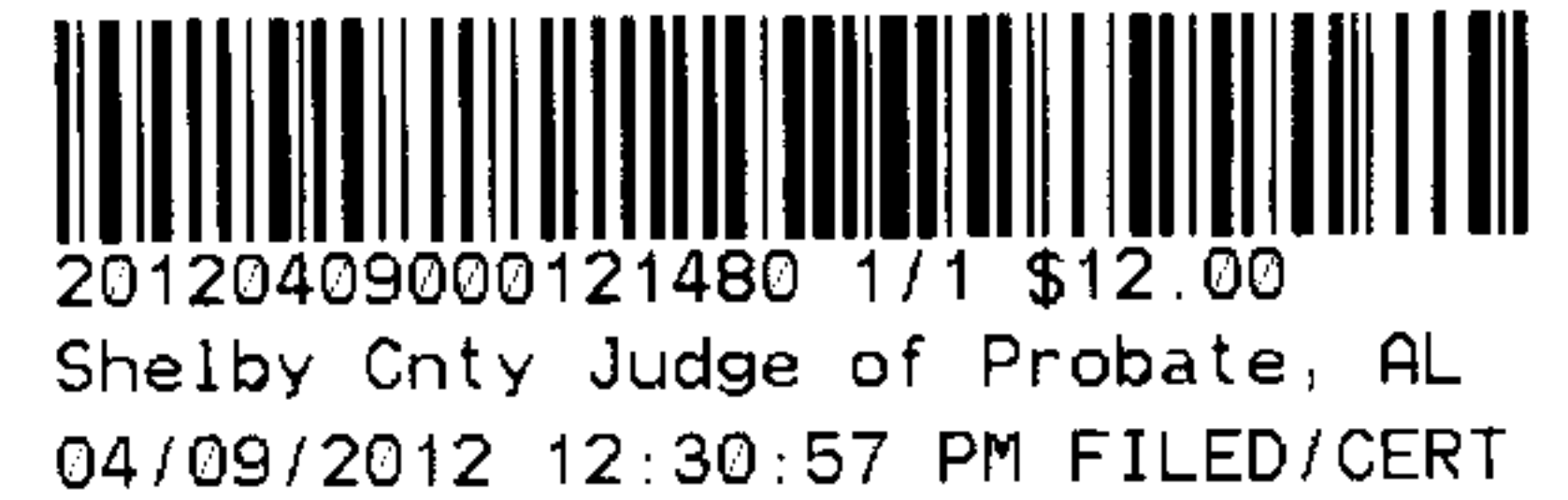


NOTICE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
JT Ste 720, 619 19th ST. S., Birmingham, AL 35249-6510
1-888-309-8435 or 934-6405



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: Mark Masoner of 304 Thompson St, Columbiana, AL 35051, against all causes of action, suits, claims, counter claims and demands accruing to the said Mark Masoner 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.

064812036.2074

Amount Claimed: \$274,535.78 Date of Admission: 03/14/2012
Date of Injury: 03/14/2012 Date of Discharge: 03/31/2012

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></u>
	<u>Clm# 0238150890</u>		<u></u>
	<u>P.O.Box 440519</u>		<u></u>
Address:	<u>Kennesaw GA 30160</u>	Address:	<u></u>
	<u></u>		<u></u>
Name:	<u></u>	Name:	<u></u>
	<u></u>		<u></u>
Address:	<u></u>	Address:	<u></u>

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/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 3rd day of April, 2012.

CK McLeod
Notary Public, State of Alabama
MY COMMISSION EXPIRES: Dec 21, 2015
BONDED THRU NOTARY PUBLIC UNDERWRITING