NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20121127000452540 1/1 \$12.00

Shelby Cnty Judge of Probate, AL 11/27/2012 12:03:55 PM 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: Lonnie A. Bearden of 435 Cherokee Road, Birmingham, AL 35218, against all causes of action, suits, claims, counter claims and demands accruing to the said Lonnie A. Bearden 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.

063920250-2319 Date of Admission: 11/14/2012 Amount Claimed: \$18,637.02 11/14/2012 Date of Discharge: 11/15/2012 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: Linda Allen JT 720, 619 19th Street South Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS a Notary Public in and for the County of Jefferson, State of Before me, Alabama, personally appeared, Thomas Elines 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 ______

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE -MY COMMISSION EXPIRES: Sept 30, 2015 BONDED THRU NOTARY PUBLIC UNDERWRITERS