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

02/04/2013 01:06:34 PM FILED/CERT

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 Edward George Abraham of 601 Emerald Trace Circle, Chelsea, AL 35043 against all causes of action, suits, claims, counter claims and demands accruing to the said Edward George Abraham 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. 064887481-2366

| Amount Claimed: \$357,8 | Date of Admission: | 12/31/2012 |
|--|--|--|
| Date of Injury: 12/31/ | Date of Discharge: | 01/18/2013 |
| | rsons, firms or corporations claimed by some liable for damages arising from such in | |
| Name: | Name: | |
| Address: | Address: | |
| Name: | Name: | |
| Address: | Address: | |
| Before me, MA Malabama, personally appeared, The is the authorized representative for foregoing statement of lien, and the Subscribed and sworn to before me | orized Representative, UAB/PFS A Notary Public in and for omas Elmes who being by me first duly the claimant, and as such has personal kat the same are true and correct. ethis | sworn, doth depose and say that she/he knowledge of the facts set forth in the MUNITY, 2013. |
| 20130204000047570 1/1 \$12.00 Shelby Cnty Judge of Probate, AL | Notably Bublic STATE OF ALABAMA AT LA | VRGE. |

MY COMMISSION EXPIRES: Dec 21, 2013

BONDED THRU NOTARY PUBLIC UNDERWRITERS