## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405



## 20130227000082640 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 02/27/2013 12:26:58 PM FILED/CERT

## 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 19<sup>th</sup> 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: Barbara A Gray of 900 Meg Drive, Birmingham, AL 35215 against all causes of action, suits, claims, counter claims and demands accruing to the said Barbara A Gray or his/her 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.

064898446-3044 02/13/2013 Date of Admission: \$105,352.14 Amount Claimed: 02/16/2013 Date of Discharge: Date of Injury: 02/13/2013 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 By: Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS Notary Public in and for the County of Jefferson, State of Before me, 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

Notary Public

NOTARY PUBLIC STATE OF ALAPAMA AT LARGE

MY COMMISSION EXPIRES: Sept 30, 2015

BONDED THRU NOTARY PUBLIC UNDERWRITERS