20130722000296000 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 07/22/2013 10:12:53 AM FILED/CERT

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: Thomas L. Cousins of 475 Talon Court, Birmingham, AL 35242, against all causes of action, suits, claims, counter claims and demands accruing to the said Thomas L. Cousins 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.

064711092-3183

	Amount Claimed:	\$ 22,624.44	Date of Admission:	07/02/2013	
	Date of Injury:	07/02/2013	Date of Discharge:	07/03/2013	
represei			s or corporations claimed by damages arising from such i		
Name:	me: Cincinatti Financial Insurance		Name:		
Address	s: 105 Amanda Pl Pelham, AL 351		Address:		······································
Name:			Name:		
Addres	s:		Address:		
Alabam the auth foregoin	na, personally appendized representation	ared, Thomas Elmive for the claimant, and that the same sefore me this	ALAPAYA HOSPITAL Tesentative, UAB/PFS a Notary Public in and forms who being by me first duly t, and as such has personal known are true and correct. day of ary Public	JT 720, 61 Birming or the County of Jeffe y sworn, doth depose	e and say that he is