NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20131029000427040 1/1 \$14.00 Shelby Cnty Judge of Probate, AL 10/29/2013 10:48:36 AM 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: James L Lowery of 25 Hwy 260, Maylene, AL 35114 against all causes of action, suits, claims, counter claims and demands accruing to the said James L Lowery 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.

064951641-3254, 3296 Date of Admission: 09/11/2013, 10/22/2013 Amount Claimed: \$ 709,625.56 Date of Discharge: 10/22/2013, 10/22/2013 09/11/2013 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:

Notary Public