

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 Darlene D Thrailkill of 6045 Highway 71, Columbiana AL 35086 against all causes of action, suits, claims, counter claims and demands accruing to the said Darlene D Thrailkill 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.

064995123-4065

Amount Claimed: \$151,260.00

Date of Admission: 03/07/2014

Date of Injury: 03/06/2014

Date of Discharge: 03/18/2014

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

By: *Colundra Mcleod*

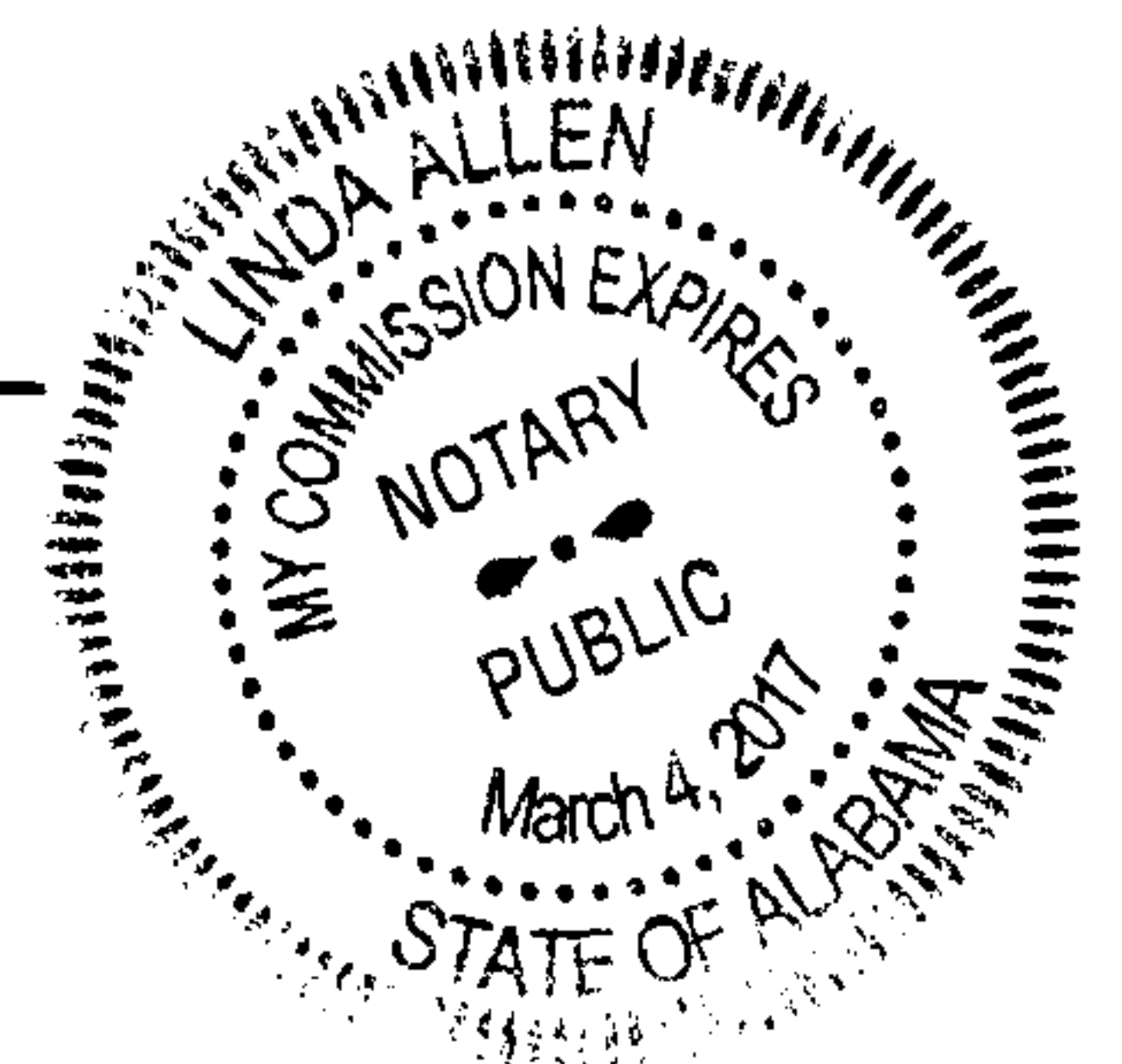
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Linda Allen
JT 720, 619 19th Street South
Birmingham, AL 35249

Before me, *Linda Allen* a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, **Colundra Mcleod** 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 1st day of March, 2014.

Linda Allen
Notary Public



20140325000083090 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
03/25/2014 11:52:01 AM FILED/CERT

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