

NOTICE OF HOSPITAL LIEN
UNIVERSITY OF ALABAMA HOSPITAL
POB 308, 619 19th ST. S., Birmingham, AL 35249-6510
1-888-309-8435 or 205-934-6400

20150330000098870 1/1 \$14.00
Shelby Cnty Judge of Probate: AL
03/30/2015 12:27:03 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, **LNB 450, 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: Jose G Angeles-Paredes of 33 County Road 1080, Montevallo, Alabama 35115 against all causes of action, suits, claims, counter claims and demands accruing to the said Jose G Angeles-Paredes or his 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.

065096565-5066

Amount Claimed: \$252,640.90

Date of Admission: 03/07/2015

Date of Injury: 03/07/2015

Date of Discharge: 03/22/2015

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: Omni Insurance
PO Box 105019
Address: Atlanta, GA 30348

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

UNIVERSITY OF ALABAMA HOSPITAL

By: Colundra McLeod
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: **Brandy Lewis**
POB 308, 619 19th Street South
Birmingham, AL 35249

Before me, [Signature] 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 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 26 day of March 2015.

[Signature]
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: **Sept 30, 2015**
BONDED THRU NOTARY PUBLIC UNDERWRITERS