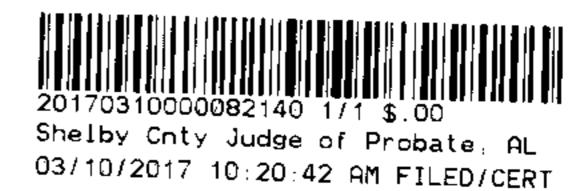
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

720 39th Street North Birmingham, AL 35222-1112 1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL



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 720 39th Street North Birmingham, AL 35222-1112, 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: William D. Strickland of 229 Meadowlark Drive Alabaster, AL 35007 against all causes of action, suits, claims, counter claims and demands accruing to the said William D. Strickland or their 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.

| 06537403 | 1.7055 | | | | |
|---------------------|--|--|---|--|--------------------------|
| | Amount Claimed: | \$19,054.00 | | Date of Admission: | 02/24/2017 |
| | Date of Injury: | 02/24/2017 | | Date of Discharge: | 02/24/2014 |
| representa | | • | • | s claimed by such injured p g from such injuries are, to | |
| Name: | Allstate Auto Insurance | ce | Name: | | |
| | Claim #0447154337 | | | | |
| Address: | PO Box 2874 | - | Address: | | |
| | Clinton, IA 52733 | | | | |
| Alabama, she is the | personally appeared, authorized representa | By: Old Author Old McLe tive for the claim | ized Represe a Notary Pued, who being ant, and as so | AMA HOSPITAL Contains and for the County and by me first duly sworn, ach has personal knowledged and correct. | doth depose and say that |
| | | Donde | CCCQ 4 Notary Pu | otice Aini blic | ~ |

Hospital Lien Prepared by: Wondricica Armer 720 39th Street North

Birmingham, AL 35222-1112

