STATE OF ALABAMA	•		
COUNTY OFShelby			
OOONIT OF	•		_
Notice is hereby given, as provided by the labama, whose address is University of Alabama, was 35294 operating University of Alabama Hospital at charges for hospital care, treatment and maintenance.	whose address is University of Alab 619 South 19th Street, Birmingham,	ed by <u>James R. Barron</u>	Alabama
		(name of patient)	
of <u>23 Red Tip Lane</u> , (street)	Maylene (city or town)	, Al. 35114 (state)	,
against all causes of action, claims, counter claim and against all judgments, settlements, and settle giving rise to such causes of action, claims, counter necessitated such hospital care.	ns and demands accruing to the sament agreements entered into by vi	id patient, or his or her legal represented thereof and on account of such	n injuries
Amount claimed: \$6,800.48			
Date injury received: 11/6/9	92		99
	11/6/92		**
Date of admission into hospital:			<u>+•</u>
Date patient discharged from hospital:	11/9/92		<u> </u>
as a result of being involved including such insurance comp whose names and identities ar	amies, policies and c	overage applicable the	
4	University of Ala	bama Hospital	
		(Claimant)	
Before me, Buth A. Holesto.	a Notary Public in and for the Cou	inty of <u>Jefferson</u>	
ate of Alabama, personally appearedBobb	<u>ie Holmes</u> , who being by	me first duly sworn, doth depose	and say:
that he (she) is the claimant orStaff_As (Offici	sistant for the claimal capacity)	mant, and as such has personal kn	owledge
of the facts set forth in the foregoing statement of	A		
	Bollie	Halmes	· · · · · · · · · · · · · · · · · · ·
SUBSCRIBED and sworn to before me this the	Muth.	4. Kolerto	998.
	Inst # 1992-2712	(Notary Public)	
Date Filed:	11/16/1992-2715	1 E Ti	
Hour Filed:	O3:18 PM CERTIFI SHELBY COUNTY JUDGE OF PROBAT	<u>s s.?</u> E	
Hospital Lien Law Form 01	001 HJS 6.50	•	
PS-7120			