

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

| Notice is hereby given, as provid | led by the laws of the State of Alabama that UNIVERSITY OF |
|---|---|
| ALABAMA HOSPITAL whose | address is LNB 450, 619 19 th 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 m | naintenance received by: (9 regory Wade Brown of |
| 275 County 720.000, | Jemison, AL 35085 against all causes of action, suits, claims, |
| counter claims and demands acc | ruing to the said (regory Wase Brown or his legal representative, |
| and against all judgments, settle | ments and settlement agreements emered into by virtue mercor and on |
| account of such injuries giving r | ise to such causes of action, suits, claims, counter claims, demands, |
| judgments, settlements or settler | nent agreements and which necessitated such hospital care. |
| Amount claimed 12.8 Date of injury: 1/5/04 | 92.95 Date of admission: 1/5/04 Date of discharge: 1/6/04 |
| Amount claimed # 12.0 | Date of admission: $\frac{1}{1}\frac{3}{1}\frac{5}{1}$ |
| Date of injury: 1/5/04 | Date of discharge: // ///// |
| The names and addresses of all prepresentative of such person, to claimant's knowledge, as follows: | persons, firms or corporations claimed by such injured person, or the legal be liable for damages arising from such injuries are, to the best of the ses: |
| Name: | Name: |
| Address: | Address: |
| | |
| Name: | Name: |
| | |
| Address: | Address: |
| | |
| UNIVER | SITY OF ALABAMA HOSPITAL |
| | |
| By: // | all of Madella |
| Paul D. E | Burchfiel, Director PFS |
| | , a Notary Public in and for the County of Jefferson, State of |
| | Paul D. Burchfiel, who being by me first duly sworn, doth depose and say |
| · • • • • • • • • • • • • • • • • • • • | ntative for the claimant, and as such has personal knowledge of the facts |
| - | ent of lien, and that the same are true and correct. |
| Subscribed and sworn to before | me this 94 day of $Janagry, 2004$. |
| | |
| | Joan & Sainel |
| | Notary Public |
| | |

My Commission Expires February 20, 2005