## 20040915000513190 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL 09/15/2004 12:44:00 FILED/CERTIFIED

**EXPIRES** 

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL UNIVERSITY OF ALABAMA HOSPITAL LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510

## STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as	provided by the la	ws of the State of Alabama th	nat UNIVERSITY	OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619	19 <sup>th</sup> ST. S., Birmingham, AL 3	35249-6510, which	operates a hospital
of the same name at the sa	me address, claim	s a lien for the reasonable cha	arges of hospital o	are, treatment and
maintenance received by	John David Gardn	er of 206	Conroy Road, Sterre	ett, Al 35147
against all causes of action	ı, suits, claims, coi	unter claims and demands acc	cruing to the said	Iohn David Gardner
or his legal representative,	and against all jud	dgments, settlements and sett	lement agreement	s entered into by
virtue thereof and on acco	unt of such injurie	s giving rise to such causes o	f action, suits, cla	ims, counter claims,
demands, judgments, settle	ements or settleme	ent agreements and which nec	essitated such hos	spital care.
0640928574229				
Amount Claimed:	\$65,331.83	Date of Admission:	08/16/2004	
Data of Injury	08/16/2004	Date of Discharge:	09/19/200 <i>/</i>	
Date of Injury:	06/10/2004	Date of Discharge.	00/10/2004	
	<del></del>			
representative of such pers	son, to be liable for	is or corporations claimed by r damages arising from such	<b>–</b>	——————————————————————————————————————
claimant's knowledge, as	follows:	Hospita	l Lien Prepared by:	Sherolyn Jones
Name:	<u> </u>	Name: 619 19th Street South Birmingham, Alabama 35249		South
Address:	<u>, ————————————————————————————————————</u>	— Address:	mana Alaum	IIIA JJZTV
				<del></del>
Name:		Name:		····
Address:		Address:		
$\mathbf{U}$	NIVERSITY OF	ALABAMA HOSPITAL	•	
R	v. 5000	$\sim (1/h_{24})$		•
D <sub>1</sub>	uly Authorized Rep	resentative, UAB/PFS		
Before me. Shall in	L. Lain a	Notary Public in and for the	County of Jeffers	on. State of
Alabama, personally appea	ared Sherolyn	M. Mes who being by i	ne first duly swor	n, doth depose and
	<i>i</i>	or the claimant, and as such h	<del>-</del>	
		that the same are true and cor		141/001/001/
Subscribed and sworn to b	efore me this DH	day of September, 2004.		MY COMMISSIC
	Not	elia di Lanie, ary Public		FEB 2 7 2008