

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

STATE OF ALABAMA CHEI RY COUNTY

Notice is hereby given, as	provided by the laws	of the State of	Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 ^{tl}	h ST. S., Birmin	gham, AL 3	5249-6510 , which	operates a hospital
of the same name at the sa	me address, claims a	lien for the rea	sonable cha	rges of hospital c	are, treatment and
maintenance received by:	Mauricio Murcia	,	of 10 Ch	natham Dr. Pelhai	m, AL 35124
against all causes of action	ı, suits, claims, counte	er claims and d	emands acc	ruing to the said	Mauricio Murcia
or his legal representative,	and against all judgn	nents, settleme	nts and settle	ement agreement	s entered into by
virtue thereof and on acco	unt of such injuries gi	ving rise to suc	ch causes of	action, suits, cla	ims, counter claims,
demands, judgments, settle	ements or settlement a	agreements and	l which nece	essitated such hos	spital care.
064180335-5685					
Amount Claimed:	\$12,435.81	Date of A	Admission:	07/04/2005	
Date of Injury:	07/04/2005	Date of I	Discharge:	07/05/2005	
The names and addresses representative of such persolaimant's knowledge, as Name:	son, to be liable for da	•	•		
Address:		Address:			
Name:		Name:			
Address:		Address:			
${f B}$	ed representative for the ement of lien, and that	sentative, UAB/ stary Public in arst who he claimant, and the same are t	PFS and for the being by not as such had as rue and corn	LNB 450, 6 Birmingham County of Jeffers ne first duly swor as personal know rect.	n, doth depose and
					1540

Notary Public

NOTARY PUBLIC STATE OF ALARAMA AT LANGE
MY COMMISSION EXPERS: Jan 22, 2006
MY COMMISSION EXPERS: Jan 22, 2006
DONESED TERU NOTARY PUBLIC UNDERWRITERS