

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY 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 ^t	^h ST. S., Birmin	igham, 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:	Bart Hanner		of 2625	Sun Valley Rd, Ha	rpersville, Al 35078
against all causes of action	ı, suits, claims, counte	er claims and d	lemands acc	ruing to the said	Bart Hanner
or his legal representative,	, and against all judgn	nents, settleme	nts and settl	ement agreement	s entered into by
virtue thereof and on acco	unt of such injuries gi	ving rise to su	ch causes of	action, suits, clai	ims, counter claims,
demands, judgments, settle	ements or settlement a	igreements and	d which nec	essitated such hos	spital care.
064181771.5191					
Amount Claimed:	\$39,411.57	Date of A	Admission:	07/10/2005	
Date of Injury:	07/10/2005	Date of 1	Discharge:	07/13/2005	
The names and addresses of representative of such personant's knowledge, as	son, to be liable for da	•	•	•	
Name:		Name:			
Address:		Address:			
Name:		Name:			
Address:		Address:			
\mathbf{B}	y: //a/L uly Authorized Repres	entative, UAB	PFS	ENB 450, I Birmingham	epared by: Tomekia Wilso 319 19th Street South , Alabama 35249-6510
Before me, Society Alabama, personally appearance that he is the authorize	ared, <u>Mark D. Ga</u>	rst who	being by n	ne first duly swor	n, doth depose and
forth in the foregoing state Subscribed and sworn to b	Notary	the same are to a your of Auguston Experience to the same are to a second and the same are to a second			1557
	MONED.	MINISTARY PURE	SC UPDER WRITE		