

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	s provided by the laws	of the State of Alabama t	hat UNIVERSITY OF ALABAMA	L
HOSPITAL whose address	ss is, LNB 450, 619 19	th ST. S., Birmingham, AL	35249-6510, which operates a hos	pital
of the same name at the s	ame address, claims a	lien for the reasonable cha	arges of hospital care, treatment a	nd
maintenance received by:	Steven L. Bail	ey of 301	Seminole Trail, Pell City, Al 351	28
against all causes of action	n, suits, claims, count	ter claims and demands acc	cruing to the said Steven L. Baile;	y
or his legal representative	e, and against all judgi	nents, settlements and sett	lement agreements entered into b	y
			f action, suits, claims, counter cla	
			essitated such hospital care.	
064250287.6092				
Amount Claimed:	\$138,560.79	Date of Admission:	04/02/2006	
Date of Injury:	04/02/2006	Date of Discharge:	04/14/2006	
Date of Highly.				
representative of such per claimant's knowledge, as		amages arising from such	injuries are, to the best of the	
Name:	······································	Name:		
Address:		Address:		
Name:		Name:		
Address:	<u>. </u>	Address:		
	UNIVERSITY OF A By: ////////////////////////////////////	LABAMA HOSPITAL	Hospital Lien Prepared by: Tor LNB 450, 619 19th Street	t South
	Duly Authorized Repre		Birmingham, Alabama 352	45-05 10
Refore me	A Januari a N	otary Public in and for the	County of Jefferson, State of	
Alabama, personally app			me first duly sworn, doth depose	and
		the claimant, and as such h	as personal knowledge of the fac	ts set
forth in the foregoing stat	tement of lien, and tha	it the same are true and con	rect.	
Subscribed and sworn to	before me this 1840	day of Guel, 2006	•	
		Lette a Jen	<u> </u>	77
	Notar	y Public /		

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS