

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 lav	vs of the State of Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITAL whose addres	s is, LNB 450, 619 1	9 th ST. S., Birmingham, AL 3	5249-6510, which	n operates a hospital
of the same name at the sa	me address, claims	a lien for the reasonable cha	rges of hospital c	are, treatment and
maintenance received by:	Traci St. John	n of 1307	Elderberry St, Pe	ell City, Al 35128
against all causes of action	ı, suits, claims, coui	nter claims and demands acc	ruing to the said	Traci St. John
or his legal representative,	, and against all jud	gments, settlements and settl	ement agreement	ts entered into by
virtue thereof and on acco	unt of such injuries	giving rise to such causes of	faction, suits, cla	ims, counter claims,
demands, judgments, settl	ements or settlemen	t agreements and which nece	essitated such ho	spital care.
064254160.6606				
Amount Claimed:	\$216,689.57	Date of Admission:	04/16/2006	
Date of Injury:	04/16/2006	Date of Discharge:	05/05/2006	
claimant's knowledge, as Name:		damages arising from such i		
Address:		Address:		
Name:		Name:		
Address:		Address:		
B D	y: Authorized Repr	LABAMA HOSPITAL esentative, UAB/PFS Notary Public in and for the	LNB 450, Birminghan	619 19th Street South n, Alabama 35249-6510
Alabama, personally appea	ared, <u>Mark D.</u>	Garst who being by n	ne first duly swor	n, doth depose and
	*	the claimant, and as such ha at the same are true and cor	_	leage of the facts set
		day of // 12 , 2006.		

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

2/01