

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	nat UNIVERSITY	OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 th	ST. S., Birmingham, AL 3	35249-6510, which	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:	Jamie Lawley	of 664.	Joinertown Rd, Co	olumbiana, Al 35051
against all causes of action	ı, suits, claims, counte	er claims and demands acc	cruing to the said	Jamie Lawley
or his legal representative,	and against all judgm	ents, settlements and settlements	lement agreement	s entered into by
virtue thereof and on acco	unt of such injuries gi	ving rise to such causes of	f action, suits, cla	ims, counter claims,
demands, judgments, settle	ements or settlement a	agreements and which nec	essitated such hos	spital care.
064259170.6124		•		
Amount Claimed:	\$12,237.22	Date of Admission:	05/04/2006	
Data of Injury	05/04/2006	Date of Discharge:	05/05/2006	
Date of Injury:	03/04/2000	Date of Discharge.	03/03/2000	
The names and addresses representative of such personal claimant's knowledge, as	son, to be liable for da	-		
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:	· · · · · · · · · · · · · · · · · · ·	
${f B}$	NIVERSITY OF AL y: /// // // // // // // // // // // // /	Just 1	LNB 450,	epared by: Tomekia Wilson 619 19th Street South n, Alabama 35249-6510
Before me, Sosetta				
Alabama, personally appe				n, doth depose and
say that he is the authorized forth in the foregoing state				leage of the facts set
Subscribed and sworn to b	pefore me this 10th da	ay of May, 2006		
		ette a. S.	ull	
	Notary	Public		7.16

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

RONDED THRU NOTARY PUBLIC UNDERWRITERS