

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 that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Matthew Paul Shewmake of 717 Valley View Road, Pelham, AL

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35124, against all causes of acti	ion, suits, claims, counter claims and den	nands accruing to the said Matthew Paul
Shewmake or his legal represen	ntative, and against all judgments, settlem	ents and settlement agreements entered
into by virtue thereof and on acc	count of such injuries giving rise to such	causes of action, suits, claims, counter
claims, demands, judgments, set	ttlements or settlement agreements and w	hich necessitated such hospital care.
064274689.6184		
Amount Claimed: \$20,4	Date of Admission:	07/03/2006
Date of Injury: 07/03	Date of Discharge:	07/04/2006
-	persons, firms or corporations claimed by be liable for damages arising from such s:	
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
By:	ERSITY OF ALABAMA HOSPITAL Statucial Management (Control of the Control of the C	Hospital Lien Prepared by: Barbara Donahoo LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
	quare a Notary Public in and for the	
-	Patricia Naish who being by 1	
	resentative for the claimant, and as such h	
Subscribed and swarm to before	of lien, and that the same are true and come this 6 day of the figure 4, 2006	TECL.
Subscribed and Sworn to before	the this to - day on the time, 2000	

Notary Public

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