

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

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: Brenda J Royals of 201 W Fort Williams, Sylacauga, AL 35151, against all causes of action, suits, claims, counter claims and demands accruing to the said Brenda J Royals or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

representative, and against	t all judgments, settlen	nents and settlement agree	ments entered into by virtue the	reof and
on account of such injuries	s giving rise to such ca	auses of action, suits, clain	ns, counter claims, demands, jud	dgments,
settlements or settlement a	greements and which	necessitated such hospital	care.	
064463343 8207				
Amount Claimed:	\$71,354.66	Date of Admission:	07/25/2008	
Date of Injury:	07/25/2008	Date of Discharge:	07/29/2008	
The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:				
Name:	·····	Name:	· · · · · · · · · · · · · · · · · ·	
Address:		Address:		
Name:		Name:		
Address:		Address:		
Before me, Set Alabama, personally appear	uly Authorized Representative for the claimant, and that the same are	a Notary Public in and form on who being by me first and as such has personal letrue and correct.	Hospital Lien Prepared by: N. L450, 619 19 th Street S. Birmingham, AL 35 r the County of Jefferson, State duly sworn, doth depose and saknowledge of the facts set forth	outh 5249 of y that she

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2012

BONDED THRU NOTARY PUBLIC UNDERWRITERS

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