

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: Sara Rosiewski of 8401 Azaelia Drive, Pinson, AL 35126, against all causes of action, suits, claims, counter claims and demands accruing to the said Sara Rosiewski 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 necess	itated such hospital care.	
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Amount Claimed: \$90,672.06	Date of Admission:	03/22/2009
Date of Injury: 03/22/2009	Date of Discharge:	03/30/2009
The names and addresses of all persons, representative of such person, to be liable knowledge, as follows:		
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
Duly Authorized	OF ALABAMA HOSPITAL A SUMMENTAL Representative, UAB/PFS	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249
s the authorized representative for the classic statement of lien, and that the statement of lien, and li	Donahoo who being by me first aimant, and as such has personal beams are true and correct.	duly sworn, doth depose and say that she knowledge of the facts set forth in the
Subscribed and sworn to before me this _	day ofApril	, 2009.
	Melvin D. Casey	
	Notary Public	Comm expulailago