

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: Freddie Shanks of 56 Pecan Lane, Calera, AL 35040, against all causes of action, suits, claims, counter claims and demands accruing to the said Freddie Shanks or his 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	d such hospital care.	
064541074 9147			
Amount Claimed:	\$25,339.92	Date of Admission:	05/27/2009
Date of Injury:	05/27/2009	Date of Discharge:	05/27/2009
The names and addresses representative of such persknowledge, as follows:	of all persons, firms	s or corporations claimed by damages arising from such i	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
		ALABAMA HOSPITAL Considerative, UAB/PFS	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249
- 1	ared, <u>Barbara Dor</u> ative for the claima	nahoo who being by me first ant, and as such has personal	or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
Subscribed and sworn to b	efore me this	aday of June	, 2009.
		nolvin D. Case	4
	Not	ary Public	
		11/21/2016	

My Commission Expires