

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: Juan Meza Juarez of P.O.Box 8083, Alabaster, AL 35007 against all causes of action, suits, claims, counter claims and demands accruing to the said Juan Meza Juarez 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

tated such hospital care.	
Date of Admission:	11/22/2009
Date of Discharge:	11/23/2009
firms or corporations claimed by see for damages arising from such in	such injured person, or the legal njuries are, to the best of the claimant's
Name:	
Address:	
Name:	
Address:	
OF ALABAMA HOSPITAL Representative, UAB/PFS	Hospital Lien Prepared by:Colundra McLeod L450, 619 19 th Street South Birmingham, AL 35249
a Notary Public in and fo	<u>en</u> , 2009.
	Date of Admission: Date of Discharge: Irms or corporations claimed by a for damages arising from such in Name: Name: Address: Name: Address: Address: Address: a Notary Public in and for ker who being by me first duly say, and as such has personal knowleame are true and correct. Address: Address

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Feb 27, 2012 BONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public