

SPITAL LIEN
Shelby Cnty Judge of Probate, AL
06/13/2011 10:59:14 AM FILED/CERT

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 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: James Jackson of P.O.Box 1536, Tuscaloosa, AL 35407, against all causes of action, suits, claims, counter claims and demands accruing to the said James Jackson or his/hers 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.

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064737925.1157			
Amount Claime	ed: \$14,658.82	Date of Admission:	06/06/2011
Date of Injury:	06/05/2011	Date of Discharge:	06/06/2011
	person, to be liable for	_	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	- w w - w - w - w - w - w - w - w - w -
Address:		Address:	
Name:		Name:	
Address:		Address:	
the authorized represen	Duly Authorized Reposition of the claiman lien, and that the same to before me this	nes who being by me first duly	

NOTARY PUBLIC STATE OF ALABAMA AT LAHISE MY COMMISSION EXPIRES: Dec 21, 2013
BONDED THRU NOTARY PUBLIC UNDERWRITERS