

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: Donna Tillery of 420 County Road 78, Birmingham, AL 35204, against all causes of action, suits, claims, counter claims and demands accruing to the said Donna Tillery. 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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Amount Claimed:	\$349,381.68	Date of Admission:	11/14/2012
Date of Injury:	11/23/2012	Date of Discharge:	12/18/2012
The names and addresses of representative of such persknowledge, as follows:	of all persons, firms son, to be liable for	or corporations claimed by damages arising from such in	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	<u> </u>
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, <u>MM MM</u> Alabama, personally appears the authorized represent	ared, Thomas Elmonative for the claiman, and that the same before me this	es who being by me first dul	

SONDED THRU NOTARY PUBLIC UNDERWRITERS