

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: Dearl Wendell Dawson of 5600 Carmichael Road Apt 124, Montgomery, AL 36117 against all causes of action, suits, claims, counter claims and demands accruing to the said Dearl Wendell Dawson 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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virtue thereof and on accour	nt of such injuries gi	ving rise to such causes of	action, suits, claims, counter claims,	
demands, judgments, settlen	nents or settlement a	agreements and which nece	essitated such hospital care.	
064939760-3208				
Amount Claimed:	32,031.58	Date of Admission:	07/27/2013	
Date of Injury:	07/27/2013	Date of Discharge:	07/28/2013	
The names and addresses of representative of such perso knowledge, as follows:	fall persons, firms on, to be liable for da	r corporations claimed by mages 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:		
Before me, What was a second of the second o	ly Authorized Repre	LABAMA HOSPITAL sentative, UAB/PFS a Notary Public in and fe	Hospital Lien Prepared by: Linda Alle JT 720, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of	er
Alabama, personally appear	red, Thomas Élmes	who being by me first dul	ly sworn, doth depose and say that she/h	e
		1,7	knowledge of the facts set forth in the	
foregoing statement of lien, Subscribed and sworn to be				
		y Public NOTABY	Byd	

MY COMMISSION EXPIRES: SECTION, AUTOBONDED THRU NOTARY PUBLIC UNDERWRITERS