NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 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: Brenda J Perrin of 40 Hwy 462, Sterrett, AL 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Brenda J Perrin or her 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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003041339-4220				
Amount Claimed: \$3	56,874.06 Date	of Admission:	08/16/2014	
Date of Injury: 08	3/16/2014 Date	of Discharge:	09/11/2014	
The names and addresses of a representative of such person knowledge, as follows:		•	•	_
Name:	Name:			
Address:	Address:	•		
Name:	Name:			
Address:	Address			
By:	d, <u>Colundra McLeod</u> who be tative for the claimant, and as not that the same are true and o	AB/PFS Public in and for seing by me first such has person correct.	POB 308, 619 Birmingha or the County of Jefferso st duly sworn, doth depo	ose and say that acts set forth in the
0140925000302080 1/1 \$14.00 helby Cnty Judge of Probate: AL 19125/2014 02:16:46 PM FILED/CERT	Notary Public			SINDTARY BY NOTARY BY NOTA