STATE OF ALABAMA			
COUNTY OF Shelby			:
Notice is hereby given, as provided by the laws bama, whose address is University of Alabama, who 35294 operating University of Alabama Hospital at 619	se address is University of Alabama at	Birmingh	am, Birmingham, Alabama
charges for hospital care, treatment and maintenanc	e necessitated by injuries received by	Alton	Z. DeShazo (name of patient)
OI,	Pelham,	Al.	35124 ,
(street) against all causes of action, claims, counter claims a and against all judgments, settlements, and settlement giving rise to such causes of action, claims, counter of necessitated such hospital care.	nt agreements entered into by virtue the	ereof and	on account of such injuries
Amount claimed: \$28,953.38		<del></del>	
Date injury received: 7/4/92			
Date of admission into hospital:7/4/9	)2		
Date patient discharged from hospital:	7/17/92		
Those persons, firms, corporation injuries sustained by the afore as a result of being involved including such insurance company whose names and identities are	said patient on or near n an accident in or near lies, policies and covera otherwise unknown at the	July Shell age app	4, 1992  oy County, Al.  olicable thereto,
	University of Alabama		
Before me, Kuth H. Kalurto, a	•	nant) "	
State of Alabama, personally appearedBobbie	<u>Holmes</u> , who being by me fir	st duly sw	orn, doth depose and say:
that he (she) is the claimant or <u>Staff Assi</u> (Official	stant for the claimant, a capacity)	ind as suc	h has personal knowledge
of the facts set forth in the foregoing statement of li	en, and that the same are true and co	rrect.	
SUBSCRIBED and sworn to before me this the	Bobbie Hols  Affi  Aday of  Mill A.  1992-14 Motary	ant)	, 19 93.
Date Filed:	—o24		•
Hour Filed:	O7/23/1992-14834 O9:42 AM CERTIFIED O9:42 AM CERTIFIED		
Hospital Lien Law Form 01	SHELBY COUNTY JUDGE OF PROBATE  001 MCD 6.50		· •