STATE OF ALABAI	MA				
COUNTY OF	Shelby				
			AA AAATAGG IG I INIV	ersuv tii Alabama di Di	of Trustees of the University of Ala- rmingham, Birmingham, Alabama 35233, claims a lien for reasonable
	al care, treatment a				Quelon Finch (name of patient)
_, _,	a	30 C	helsea		Al. 35043,
against all causes	Igments, settlements causes of action, cla	ounter claims a	(city or town) and demands accru	ing to the said patient, red into by virtue there dgments, settlements or	(state) or his or her legal representative, of and on account of such injuries settlement agreements and which
				Inst * 1	992-18545
Amount cla	aimed:	\$2,110.25	· · · · · · · · · · · · · · · · · · ·	:	
		8/19	/92		
Date injury	received:	O/		08/31/1	992-18545 CERTIFIED
Date of ad	mission into hospita	I:8/19	/92	CHEL BY COUNT	A JORGE A
	nt discharged from I		8/20/92	ODI NC	6.50
as a resu	lt of being	involved	<u>in an accide</u> mies, polici	171	ugust 19, 1992 Shelby County, Al. se applicable thereto, time.
				y of Alabama H	
				(Claima	ant) -
Before me,	ut de Roll	, a	Notary Public in a	nd for the County of $$	
State of Alabama	a, personally appear	red <u>Bobbi</u>	e Holmes	, who being by me first	t duly sworn, doth depose and say:
that he (she) is	the claimant or	<u>Staff Ass</u> (Officia	istant capacity)	for the claimant, an	d as such has personal knowledge
of the facts set	forth in the foregoing	g statement of	lien, and that the	same are true and corr	ect.
				Bahlie Hal	
SUBSCRIBED &	and sworn to before	me this the	28 day of	Mulfust,	Moberts, 19 FX
			<u></u>	(Notary	Public)
Date Filed:	<u> </u>	······································			
Hour Filed:					•
Hospital Lien La	aw Form 01				