STATE OF ALABAMA		
COUNTY OFShelby		
pama, whose address is University of Alabai	the laws of the State of Alabama, that The I ma, whose address is University of Alabam tal at 619 South 19th Street, Birmingham, Ala	ibama 35233, claims a lien loi reasonasio
35294 operating University of Alabama Hospital charges for hospital care, treatment and mai	intenance necessitated by injuries received	by Samuel J. Russell (name of patient)
Sharges for Hospital Galler and State		
416 Hwy 442	Sterrett	Al35147(state)
(street) against all causes of action, claims, counter and against all judgments, settlements, and giving rise to such causes of action, claims, counternecessitated such hospital care.	counter claims, demands, judgments, settlen	16Uts of settlement agreements and
	Inst	* 1994-10118
Amount claimed:	\$10,923.94	
	3/10/94	28/1994-10118
Date injury received:	ng.≠2	14. PM CEN <u>IXIZE</u>
Date of admission into hospital:	SHELL	BA COUNTA JADGE OF AKADHIE
Date patient discharged from hospita		001 KCD 8.50
The state of the s	porations or others who can aforesaid patient on or not not be an accident in or companies, policies and cost are otherwise unknown at	ear March 10, 1994 near Shelby County verage applicable thereto, this time.
		(Claiman) >
Before me, Jacque E. Sellies	, a Notary Public in and for the Cour	nty of
Delote tito,	P.G. Dunlap , who being by	me first duly sworn, doth depose and say:
State of Alabama, personally appeared P.G. Dunlap , who being by me first duly sworn, doth depose and say: that he (she) is the claimant or Administrative Asst. for the claimant, and as such has personal knowledge (Official capacity)		
of the facts set forth in the foregoing state	· ·	nd correct.
SUBSCRIBED and sworn to before me th	is the 24th day of _ That so	(Alliant)
Oata Eilad:		
Date Filed:	•	
Hour Filed:	<u></u>	

Hospital Lien Law Form 01