STATE OF ALABAMA				
Cilo a 1 la ca				
COUNTY OF Snelby				
Notice is hereby given, as provided by the bama, whose address is University of Alabama 35294 operating University of Alabama Hospital	bara anaroce le l	I STINNEISIIN III ANALIANIIA EL L	35233, claims a lien for reaso	
charges for hospital care, treatment and maint	enance necessitated	by injuries received by	Tom McDaniel (name of patient)	
	Pelham	AL	35124	, ç
of 26 Indian Wood Dr.	1-11	<u></u> ,	(state)	
(street) against all causes of action, claims, counter claimd against all judgments, settlements, and se giving rise to such causes of action, claims, counteressitated such hospital care.	aims and demands a ttlement agreements inter claims, demands	entered into by virtue thems, judgments, settlements of	eof and on account of such in or settlement agreements and	njuries which
	\$3,355.43			
Amount claimed:		Inst # 199	4-12999	+
Date injury received:	4/13/94		·	£
and the second s	4/13/94	94/21/1994	L-12999	
Date of admission into hospital:	4/13/34	AM Lit	· K T T T	•
Date patient discharged from hospital:	4/14/94	SHELBY COUNTY JUDI	DE OF LUCESIA	
Date patient discharged from nospital.		DOI MCD	8.50	
Those persons, firms, corporation injuries sustained by the a as a result of being involving such insurance cowhose names and identities	ed in an acci	ident in or near	Shelby County ge applicable ther	
Whose mames and ruchters.		sity of Alabama		
Before me, Sandra M. Quite	<mark>∕o</mark> , a Notary Public i	n and for the County of _	Jefferson	·
State of Alabama, personally appeared P.	G. Dunlap	, who being by me firs	t duly sworn, doth depose an	id say:
that he (she) is the claimant or Adminis		for the claimant, an	nd as such has personal know	wledge
of the facts set forth in the foregoing stateme	nt of lien, and that th	ne same are true and corr	ect.	
SUBSCRIBED and sworn to before me this the		COMMISSION EXPIRES SEPTE	, 19'	94:
Date Filed:				

Hospital Lien Law Form 01

Hour Filed: ______