COUNTY OFShelby		
Notice is hereby given, as provided by the	laws of the State of Alabama, that The Boa whose address is University of Alabama at	[ Diffillificialiti, Diffillificati, Vigoatia
35294 operating University of Alabama Hospital a	it 619 South 19th Street, Birmingham, Alaban	crocory Donalas, Jr.
charges for hospital care, treatment and maintenance necessitated by injuries received by		(name of patient)
·	Montevallo,	AL. 35115
of 2592 County Rd. 54 (street)	(city or town)	(state)
against all causes of action, claims, counter claim and against all judgments, settlements, and settle giving rise to such causes of action, claims, counter claim necessitated such hospital care.	ament agreements enteren into by virtue till	elect and on account of such injuries
America deimed	\$35,459.40	<del>* 1994-25335</del>
Amount claimed:	7/5/94	
Date injury received:	7/5/94	
Date of admission into hospital:	<u> </u>	25335
Date patient discharged from hospital:	8/3/94 10:10 A	1994-25335  M CERTIFIED  INTY JUDGE OF PROBATE.
Date patient discharged from hospital:  10:10 AM LERY SHELBY COUNTY JUDGE OF PROBATE  SHELBY COUNTY JUDGE OF PROBATE  8.50  The names and address of all persons, firms or corporations claimed by such injured person, or the legal representations are to the best of claimant's knowledge, as follows:		NCD 8.50
The names and address of all persons, of such person, to be liable for damages arising those persons, firms, corpor injuries sustained by the afas a result of being involve including such insurance comwhose names and identities a	ations or others who caused oresaid patient on or near d in an accident in or near panies, policies and covers	July 5, 1994 Shelby County age applicable thereto,
	University of Alabama	
	(Clair	mant) _
1		
Before me, Sandra m Jubbo		
State of Alabama, personally appeared P.G		
that he (she) is the claimant or <u>Administration</u> (Offi	rative Asst. for the claimant, a cial capacity)	and as such has personal knowledge
of the facts set forth in the foregoing statement	of lien, and that the same are true and con	rrect.
SUBSCRIBED and sworn to before me this the	12th day of august (Affin	ant)
-	(Notary	Public)
Date Filed:	MY COMMISSION EXPIRES SEPTE	MBER 11, 1995
Hour Filed:	_ <del></del>	

STATE OF ALABAMA

Hospital Lien Law Form 01