STATE OF ALABAMA				•
COUNTY OFShelby				
Notice is hereby given, as provided by the bama, whose address is University of Alabama 35294 operating University of Alabama Hospital	a, whose address is	University of Alabama at I	Birmingham, Birmingha	m, Alabama
charges for hospital care, treatment and maint	enance necessitated	by injuries received by	Jerry Ray (name of patient	i)
of 1615 County Rd. 91	Jemison	•	AL. 35085	
(street)	(city or to	•	(state)	
against all causes of action, claims, counter claims and against all judgments, settlements, and set giving rise to such causes of action, claims, counter claims recessitated such hospital care.	ttlement agreements	entered into by virtue thers, judgments, settlements o	reof and on account of some of some settlement agreement	such injuries
Amount claimed:	\$23,160.62	Inst # 1995-0	)156·	**.
Date injury received:	1/6/95	and the second s		··
Date injury rooting in	·-	01/19/1995-0	TEIED	
Date of admission into hospital:	1/6/95	O1/19/1995 O9:36 AM CERT SHELBY COUNTY JUDGE OF 8.	PROBATE	
Date patient discharged from hospital:	1/11/95	SHELBY COUNTY JUNE 8.	,50	
Those persons, firms, corpor injuries sustained by the as a result of being involved including such insurance conwhose names and identities a	rations or ot foresaid pati ed in an acci mpanies, poli	hers who caused ent on or near dent in or near cies and coverag	or contributed January 6, 19 Shelby County se applicable t	1 to the 195
University of Alabama Hospital (Claimant)				
Before me, Laye t. Filliam	_, a Notary Public in	and for the County of _	Jefferson	· · · · · · · · · · · · · · · · · · ·
State of Alabama, personally appearedP	G. Dunlap	_, who being by me first	duly sworn, doth depos	se and say:
that he (she) is the claimant or <u>Administration</u> (Off	rative Asst ficial capacity)	for the claimant, and	i as such has personal	knowledge
of the facts set forth in the foregoing statement	t of lien, and that the	same are true and corre	ect.	
SUBSCRIBED and sworn to before me this the	e	La Juliera	it)	, 19 95
		(Notary P	ublic)	<del></del>
Date Filed:				

では、大学のでは、大学のでは、大学のでは、大学のでは、 では、大学のでは、まましい。

Hospital Lien Law Form 01

Hour Filed: \_\_\_\_\_\_