STATE OF ALABAMA			
COUNTY OFShelby			
bama, whose address is University of Alabama 35294 operating University of Alabama Hospital	, whose address is Univer at 619 South 19th Street, B	Irmingnam, Alabama 35255, Claims a ilem to 19	asonable
charges for hospital care, treatment and mainte	nance necessitated by inj	juries received by(name of patient)	<u></u>
of <u>Rt. 4 Box 261</u> , _	Montevallo	AL. 35115	†
against all causes of action, claims, counter claims and against all judgments, settlements, and sett giving rise to such causes of action, claims, counterclaims and against all judgments are and settlements and settlements are action, claims, counterclaims and against all judgments action, claims and settlements are action, claims are action.	lament acreements entere	gments, settlements or settlement agreements a	
A	\$15,165.20	Inst * 1995-06332	
Amount claimed:		Inst * 17	
Date injury received:	3/1/95	······································	
Date of admission into hospital:	3/1/95	n6332	
Date patient discharged from hospital:		10:41 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8.50	
of such person, to be liable for damages arising	ng from such injuries are,		
injuries sustained by the at	toresald patient ed in an acciden mpanies, policie	s and coverage applicable th	
•		of Alabama Hospital (Claimant) ,	
Before me, Faye & Gillians			
State of Alabama, personally appearedP	<u>G. Dunlap</u> , W	vho being by me first duly sworn, doth depose	anu say.
that he (she) is the claimant or Administ (Of	rative Asst ficial capacity)	for the claimant, and as such has personal k	nowledge
of the facts set forth in the foregoing statemen	t of lien, and that the san	ne are true and correct.	
SUBSCRIBED and sworn to before me this th	e 10 15 day of	March Affiant) Bulliane	1995 :

(Notary Public)

Date Filed: _____

Hospital Lien Law Form 01