## STATE OF ALABAMA )

## **COUNTY OF SHELBY)**

Hour Filed: \_

Hospital Lien Form 01

Notice is hereby given, as provided by the laws of the State of Alabama, that the Board of Trustees of the University of na. whose address is University of Alabama at Birmingham. Birmingham. Alabama 35294 operating

University of Alabama Hospital at 619 South 19th Street, Birmingham, Alabama 35233, claims a lien for care, treatment	· -
and maintenance gecessitated by injuries received by Lula J. Glass	
of P O Box 776 Calera, AL 35040	
against all causes of action, claims, counter claims and demands accruing to the said patient, or his against all judgments, settlements agreements entered into by virtue thereof and on account of scauses of action, claims, counter claims, demands, judgments, settlements or settlement agreement hospital care.	uch injuries giving rise to such ts and which necessitated such \-
Amount claimed: \$22717.58	£99
Date Injury received: 11/30/96	*
Date of admission into hospital: 11/30/96	<b>,</b> +
Date patient discharged from hospital: 12/03/96	\$ <b>₹</b>
such person, to be liable for damages arising from such injuries are, to the best of claimant's knowledg Lula J. Glass P O Box 776 Calera, AL 35040  (Claimant)	
Before me, Christy D. Martin a Notary Public in and for the County of	erson
	orn, doth depose and say that he
(she) is the claimant or <u>Manager</u> , for the claimant, and as such has	personal knowledge of the facts
set forth in the foregoing statement of lien, and that the same are true and correct.  (Affiant)	
(Notary Public)	997
Date Filed:	

Inst # 1997-06665

03/04/1997-06665 11:59 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 8.50 DOI HED