

## NOTICE OF HOSPITAL LIEN 03/01/2004 UNIVERSITY OF ALABAMA HOSPITAL LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510

## STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as	provided by the laws	of the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITAL whose addres	s is, LNB 450, 619 19 <sup>t</sup>	<sup>h</sup> ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the sa	ıme address, claims a	lien for the reasonable cha	rges of hospital care, treatment and
maintenance received by: William Elbert Lett of 49 Cedlar St, Beatrice, Al. 36425			edlar St, Beatrice, Al. 36425
against all causes of action	n, suits, claims, counte	er claims and demands acc	ruing to the or his legal William E Lett
representative, and agains	t all judgments, settle	ments and settlement agree	ements entered into by virtue thereof
and on account of such inj	uries giving rise to su	ch causes of action, suits,	claims, counter claims, demands,
udgments, settlements or 0640426154547	settlement agreement	s and which necessitated s	uch hospital care.
Amount Claimed:	\$11,588.97	Date of Admission:	02/16/2004
Date of Injury:	02/16/2004	Date of Discharge:	02/16/2004
	son, to be liable for da	•	such injured person, or the legal njuries are, to the best of the
Address:		Address:	
Vame:		Niama	
vanic.		Name:	
Address:		Address:	
Before me, <u>Rosetto A</u> Alabama, personally appearant that he is the authorized orth in the foregoing states	ared, To Add And And And And And And And And And	tary Public in and for the classification who being by note the claimant, and as such had the same are true and corrections.	County of Jefferson, State of ne first duly sworn, doth depose and as personal knowledge of the facts set rect.
Subscribed and sworn to b	efore me this 20 da	ay of <b>Elb</b> , 2004.	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS