

NOTICE OF HOSPITAL LIEN

UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

Notice is hereby given, as	s provided by the laws	of the State of Alabama th	nat UNIVERSITY OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19	th ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the sa	ame address, claims a	lien for the reasonable cha	arges of hospital care, treatment and
maintenance received by	Jason Williams	of 79 F	Reeds Berry Rd Quinton Al 35130
against all causes of actio	n, suits, claims, count	er claims and demands acc	ruing to the or his legal Jason Williams
representative, and agains	t all judgments, settle	ments and settlement agree	ements entered into by virtue thereof
and on account of such in	juries giving rise to su	ich causes of action, suits,	claims, counter claims, demands,
judgments, settlements or 064054631-4086	settlement agreement	s and which necessitated s	uch hospital care.
Amount Claimed:	\$11,508.22	Date of Admission:	03/26/2004
Date of Injury:	03/26/2004	Date of Discharge:	03/26/2004
The names and addresses representative of such per- claimant's knowledge, as	son, to be liable for da	r corporations claimed by amages arising from such is	such injured person, or the legal njuries are, to the best of the
Name:	<u> </u>	Name:	
Address:		Address:	
Vame:		Name:	
Address:		Address:	
\mathbf{U}	NIVERSITY OF AL	ABAMA HOSPITAL	
Before me, Sefa Alabama, personally appearant that he is the authorize orth in the foregoing states	ment of lian, and that	tary Public in and for the (County of Jefferson, State of he first duly sworn, doth depose and s personal knowledge of the facts set ect.

Public State of Alabama at Large MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS