

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

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Notice is hereby given, as p	provided by the laws of t	he State of Alab	ama th	at UNIVERSITY O	FALABAMA
HOSPITAL whose address	is, LNB 450, 619 19 th ST	'. S., Birmingham	ı, AL 3	5249-6510 , which o	operates a hospital
of the same name at the sar	ne address, claims a lien	for the reasonab	ole cha	rges of hospital ca	re, treatment and
maintenance received by:	Clint Morris	of	671	Hwy 46 / Shelby	AL. 35143
against all causes of action	, suits, claims, counter cl	aims and deman	ids acc	ruing to the said _	Clint Morris
or his legal representative,	and against all judgment	s, settlements an	nd settl	ement agreements	entered into by
virtue thereof and on accou	nt of such injuries giving	g rise to such car	uses of	faction, suits, clair	ns, counter claims,
demands, judgments, settle	ments or settlement agre	ements and which	ch nece	essitated such hosp	oital care.
Pt. Acct # 064062220-4115	; ;				
Amount Claimed:	\$14,563.17	Date of Admis	ssion:	04/24/04	
Date of Injury:	04/24/04	Date of Discha	arge:	04/25/04	
representative of such persectaimant's knowledge, as follows:	ollows:	ges arising from Jame:	such i	njuries are, to the	best of the
Address:		Address:			
Name:	N	Jame:			
Address:	A	ddress:			
	Siversity of Alab				
Before me, Descha Alabama, personally appears say that he is the authorized		Public in and formation who beir	or the o		
forth in the foregoing states. Subscribed and sworn to be	nent of lien, and that the	same are true an	nd com	rect.	
Subscribed and sworn to be	efore me this day o	of the table,	2004.)	

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