

## NOTICE OF HOSPITAL LIEN 05/17/2 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	of the State of Alabama that UNIVERSITY OF ALABAMA
HOSPITAL whose address is, LNB 450, 619 19 <sup>th</sup>	ST. S., Birmingham, AL 35249-6510, which operates a hospital
of the same name at the same address, claims a la	ien for the reasonable charges of hospital care, treatment and
maintenance received by: Toni L Harmon	of PO Box 69 / Cropwell AL. 35054
against all causes of action, suits, claims, counter	r claims and demands accruing to the said _Toni L_ Harmon
or his legal representative, and against all judgm	ents, settlements and settlement agreements entered into by
virtue thereof and on account of such injuries give	ving rise to such causes of action, suits, claims, counter claims,
demands, judgments, settlements or settlement ag	greements and which necessitated such hospital care.
Pt. Acct # 064064023-4621	
Amount Claimed: \$16,296.42	Date of Admission: 05/01/2004
Date of Injury: 04/30/2004	Date of Discharge: 05/02/2004
	corporations claimed by such injured person, or the legal mages arising from such injuries are, to the best of the Name:
Address:	Address:
Name:	Name:
Address:	Address:
By: Shubly Duly Authorized Represe	ypai
Before me Kosetta A. Square a Not	tary Public in and for the County of Jefferson, State of who being by me first duly sworn, doth depose and
Alabama, personally appeared, Shenolin M	who being by me first duly sworn, doth depose and
	e claimant, and as such has personal knowledge of the facts set
forth in the foregoing statement of lien, and that i	the same are true and correct.
forth in the foregoing statement of lien, and that it Subscribed and sworn to before me this day	y of //ay, 2004.

Notary Public Notary Public State of Alabama at large MY COMMISSION EXPIRES: Jan 22, 2008
BONDED THRUNOTARY PUBLIC UNDERWRITERS