

NOTICE OF HOSPITAL LIEN Shelby Chty Judge of Probate, AL 06/18/2004 08:04:00 FILED/CERTIFIED 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	provided by the laws	of the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 ^t	th 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: Javier H. Salgado		of Gene	eral Delivery Birmingham Al 35216
against all causes of action	n, suits, claims, count	er claims and demands acc	ruing to the said Javier H. Salgado
or his legal representative.	, and against all judgr	nents, settlements and settl	ement agreements entered into by
virtue thereof and on acco	unt of such injuries g	iving rise to such causes of	faction, suits, claims, counter claims,
demands, judgments, settle	ements or settlement	agreements and which nece	essitated such hospital care.
064072612-4156		•	
Amount Claimed:	\$14,923.74	Date of Admission:	06/04/2004
Date of Injury:	06/04/2004	Date of Discharge:	06/05/2004
	son, to be liable for da	•	such injured person, or the legal njuries are, to the best of the
	<u> </u>	Name.	
Address:		Address:	
Name:		Name:	
Address:		Address:	
\mathbf{U}	NIVERSITY OF AI	LABAMA HOSPITAL	
Before me, Osey 19 Alabama, personally appea	ed representative for the ement of lien, and that	the same are true and corn	County of Jefferson, State of ne first duly sworn, doth depose and as personal knowledge of the facts set rect.
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NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008

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BONDED THRU NOTABY PUBLIC UNDERWRITERS