

NOTICE OF HOSPITAL LIEN 07/15/2004 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	s of the State of Alaba	ma th	nat UNIVERSITY OF ALABAMA
HOSPITA	L whose address	s is, LNB 450, 619 19	th ST. S., Birmingham,	AL 3	5249-6510, which operates a hospital
of the san	ne name at the sa	ame address, claims a	lien for the reasonabl	le cha	arges of hospital care, treatment and
maintenance received by: John R. Pearson			of	409	Vestclub Dr Birmingham Al 35216
against al	l causes of actio	n, suits, claims, coun	ter claims and demand	ls acc	ruing to the said John R. Pearson
or his lega	al representative	e, and against all judge	ments, settlements and	i setti	lement agreements entered into by
virtue the	reof and on acco	ount of such injuries g	giving rise to such caus	ses o	f action, suits, claims, counter claims,
demands, 000544988-4		lements or settlement	agreements and which	h nec	essitated such hospital care.
Amount Claimed: \$		\$6,335.72	Date of Admiss	sion:	06/19/2004
Da	ate of Injury:	06/19/2004	Date of Dischar	rge:	06/20/2004
representa		son, to be liable for d	♣	•	such injured person, or the legal injuries are, to the best of the
Name:	Progressive In	nsurance Co	Name:		
	Cl #043200616				
Address:	2122 Columb	piana Rd	Address:		
	Birmingham, A	41. 35216			
Name:		<u></u>	Name:		······································
Address:			Address:		
Alabama, say that he forth in th	personally appears the authorized foregoing states	ared Dherbly ed representative for the sent of lien, and that	otary Public in and for M কিন্তু who being	r the g by note that	County of Jefferson, State of me first duly sworn, doth depose and as personal knowledge of the facts set rect.
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Dlic NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRUNOTARY PUBLIC UNDERWRITERS