

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	provided by the lav	ws of the State of Alabama th	at UNIVERSITY OF ALABAMA	
HOSPITAL whose addres	s is, LNB 450, 619 1	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	rges of hospital care, treatment and	
maintenance received by Melissa Burkett		of 215 Sh	of 215 Shadowwood Lane, Sterrett, Al 35147	
against all causes of action	n, suits, claims, cou	nter claims and demands acc	ruing to the said Melissa Burkett	
or his legal representative	, and against all jud	gments, settlements and settl	ement agreements entered into by	
virtue thereof and on acco	ount of such injuries	giving rise to such causes of	f action, suits, claims, counter claims,	
demands, judgments, settl 0626753504736	ements or settlemer	nt agreements and which nece	essitated such hospital care.	
Amount Claimed:	\$8,122.87	Date of Admission:	08/23/2004	
Date of Injury:	08/23/2004	Date of Discharge:	08/23/2004	
claimant's knowledge, as Name:	TOHOWS.	Name:		
Address:		Address:	······································	
Name:		Name:		
Address:		Address:		
\mathbf{U}	NIVERSITY OF A	ALABAMA HOSPITAL		
B	y: Duroly uly Authorized Repr	resentative, UAB/PFS		
Before me, Setta	1. Somme al	Notary Public in and for the	County of Jefferson, State of	
Alabama, personally appea	ared, Sherolyn	who being by n	ne first duly sworn, doth depose and	
			as personal knowledge of the facts set	
forth in the foregoing state	ment of lien, and the	at the same are true and corr	rect.	
SUUSCIIUCU TIIU SWUIII W D		day of September 2004.		

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008

BONDED THRU NOTARY PUBLIC UNDERWRITERS