

EXPIRES

## NOTICE OF HOSPITAL LIEN 09/15/2004 12:44:00 FILED/CERTIFIED 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	s of the State of Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19	<sup>th</sup> ST. S., Birmingham, AL 3	5249-6510, whic	h 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 Kristy Dawn Morris		of 535 F	of 535 Porter Green Dr, Bessemer, Al 35022	
against all causes of action	n, suits, claims, coun	ter claims and demands acc	cruing to the said	l Kristy Dawn Morris
or his legal representative,	, and against all judg	ments, settlements and settl	lement agreeme	nts entered into by
virtue thereof and on acco	unt of such injuries ¿	giving rise to such causes of	f action, suits, cl	laims, counter claims,
demands, judgments, settle 0640992024749	ements or settlement	agreements and which nec	essitated such he	ospital care.
Amount Claimed:	\$8,699.59	Date of Admission:	09/05/2004	
Date of Injury:	09/05/2004	Date of Discharge:	09/06/2004	
	son, to be liable for d	or corporations claimed by lamages arising from such in Name:	•	•
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Address:		Address:		
Name:		Name:		
Address:		Address:		
$\mathbf{U}_{\cdot}$	NIVERSITY OF A	LABAMA HOSPITAL		
	uly Authorized Repre			
Alabama, personally appea	ared, Shevolyu	otary Public in and for the Market who being by n	ne first duly swo	orn, doth depose and
		the claimant, and as such has the same are true and cor		
		lay of Soplember, 2004.		MY COMMISSIO
	Ø 1	Lia D. Lanier y Public		FEB 2 7 2008