## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20040929000536960 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL 09/29/2004 08:55:00 FILED/CERTIFIED

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 the State of Alabama that UNIVERSITY OF ALABAMA  |                           |                             |   |
|---|---------------------------|-----------------------------|---|
| HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital   |                           |                             |   |
| of the same name at the same address, claims a lien for the reasonable charges of hospital care, treatment and  |                           |                             |   |
| maintenance received by: Tehronna Doniette Khan of 3410 Cedar Crest Circle, B'Ham, Al 35244   |                           |                             |   |
| against all causes of action, suits, claims, counter claims and demands accruing to the said Tehronna Doniette Khan   |                           |                             |   |
| or his legal representative,  | and against all judgm     | ents, settlements and settl | ement agreements entered into by        |
| virtue thereof and on accou   | ant of such injuries give | ving rise to such causes of | faction, suits, claims, counter claims, |
| demands, judgments, settle 0641029614260  | ments or settlement a     | greements and which nece    | essitated such hospital care.           |
| Amount Claimed:   | \$55,958.62               | Date of Admission:          | 09/16/2004                              |
| Date of Injury:   | 09/16/2004                | Date of Discharge:          | 09/21/2004                              |
| The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: |                           |                             |   |
| Name:   |                           | Name:                       |   |
| Address:  |                           | Address:                    |   |
| Name:   |                           | Name:                       |   |
| Address:  |                           | Address:                    |   |
| UNIVERSITY OF ALABAMA HOSPITAL  |                           |                             |   |
| By: Sheeples U. Duly Authorized Representative, UAB/PFS  Before me, Nosetta Assert a Notary Public in and for the County of Jefferson, State of   |                           |                             |   |
| Alabama, personally appeared the oly M. Was who being by me first duly sworn, doth depose and   |                           |                             |   |
| say that he is the authorized representative for the claimant, and as such has personal knowledge of the facts set  |                           |                             |   |
| forth in the foregoing statement of lien, and that the same are true and correct.   |                           |                             |   |
| Subscribed and sworn to before me this 14th day of systemler, 2004.   |                           |                             |   |
| Xaitta A. Square  |                           |                             |   |
| Notary Public  NOTARY PUBLIC STATE OF ALABAMA AT LARGE  MY COMMISSION EXPIRES: Jan 22, 2008   |                           |                             |   |

BONDED THRU NOTARY PUBLIC UNDERWRITERS