

## NOTICE OF HOSPITAL LIEN 10/1 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 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: Michael C. Bolton of P. O.Box 1204, Columbiana, Al 35051
against all causes of action, suits, claims, counter claims and demands accruing to the said Michael C. Bolton
or his legal representative, and against all judgments, settlements and settlement agreements entered into by
virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims,
demands, judgments, settlements or settlement agreements and which necessitated such hospital care.
0641049654268
Amount Claimed: \$39,344.01 Date of Admission: 09/24/2004
Date of Injury: 09/24/2004 Date of Discharge: 10/03/2004
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
Duly Authorized Representative, UAB/PFS  Before me,  a Notary Public in and for the County of Jefferson, State of 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 day of 1.004.
Notary Public NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008  BONDED THRU NOTARY PUBLIC UNDERWRITERS