

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 giver	n, as provided by the law	vs of the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITAL whose add	dress is, LNB 450, 619 1	9 th ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the	ne same address, claims	a lien for the reasonable cha	rges of hospital care, treatment and
maintenance received	by: Michael MurDa	ugh of 85 De	ellWood Dr., Eastaboga, Al 36260
against all causes of a	ction, suits, claims, cour	nter claims and demands acc	ruing to the said Michael MurDaugh
or his legal representa	tive, and against all judg	gments, settlements and settle	ement agreements entered into by
virtue thereof and on a	account of such injuries	giving rise to such causes of	action, suits, claims, counter claims,
demands, judgments,	settlements or settlemen	t agreements and which nece	essitated such hospital care.
064112342.4296			
Amount Claim	ed: \$62,563.54	Date of Admission:	10/23/2004
Date of Injury:	10/22/2004	Date of Discharge:	10/28/2004
	person, to be liable for	•	such injured person, or the legal njuries are, to the best of the
Name:		Name:	<u> </u>
Address:		Address:	
Name:		Name:	
Address:		Address:	
	UNIVERSITY OF A By July Duly Authorized Repr	LABAMA HOSPITAL esentative, UAB/PFS	Hospital Lien Prepared by: Sherolyn Jon 619 19th Street South Birmingham, Alabama 35249
Before me, bosel Alabama, personally a	ppeared, Shyolin		County of Jefferson, State of ne first duly sworn, doth depose and
			s personal knowledge of the facts set
forth in the foregoing s Subscribed and sworn	statement of lien, and the	at the same are true and corr day of wenter, 2004.	ect.
		sette a. Szu	au_

Notary Public

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