

## NOTICE OF HOSPITAL LIEN 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 law	s of the State of Alabama th	nat UNIVERSITY OF ALABAMA
HOSPITAL whose add	lress is, LNB 450, 619 1	9 <sup>th</sup> ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the	e same address, claims	a lien for the reasonable cha	rges of hospital care, treatment and
maintenance received l	by: <u>Karen Rangel</u>	of <u>521 C</u>	Creekview Circle, Pelham, Al 35124
against all causes of ac	tion, suits, claims, cour	nter claims and demands acc	ruing to the said Karen Rangel
or his legal representat	ive, and against all judg	ments, settlements and settl	ement agreements entered into by
virtue thereof and on a	ccount of such injuries	giving rise to such causes of	faction, suits, claims, counter claims,
demands, judgments, s	ettlements or settlemen	t agreements and which nec	essitated such hospital care.
064108504.4282			
Amount Claime	ed: \$158,649.27	Date of Admission:	10/08/2004
Date of Injury:	10/08/2004	Date of Discharge:	10/27/2004
	person, to be liable for o		such injured person, or the legal njuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Alabama, personally apsay that he is the author	By Authorized Reproperties a land the statement of lien, and the to before me this	Notary Public in and for the	

**Notary Public** 

CL#1117

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