

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

11/23/2004 10:55:00 FILED/CERTIFIED

LNB Ste 450, 619 19th 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 th	hat UNIVERSITY OF ALABAMA
HOSPITAL whose address	ess is, LNB 450, 619 19 th S'	Γ. S., Birmingham, AL 3	35249-6510, which operates a hospital
of the same name at the	same address, claims a lier	n for the reasonable cha	arges of hospital care, treatment and
maintenance received by	/: <u>Wendell Edward Ove</u> r	street of 39 Cl	ear Spring Way Lt 31, Shelby, Al 35143
against all causes of acti	on, suits, claims, counter c	laims and demands acc	ruing to the said Wendell E. Overstreet
			lement agreements entered into by
virtue thereof and on acc	count of such injuries givin	g rise to such causes of	f action, suits, claims, counter claims,
			essitated such hospital care.
064114196.4303			
Amount Claimed	: \$93,018.51	Date of Admission:	10/29/2004
Date of Injury:	10/29/2004	Date of Discharge:	11/10/2004
The names and addresses representative of such peclaimant's knowledge, as	rson, to be liable for damag	rporations claimed by ges arising from such in	such injured person, or the legal njuries are, to the best of the
Name:	<u> </u>	Jame:	
Address:	A	ddress:	
Name:	N	ame:	
Address:	A	ddress:	
Before me, <u>Osetta</u> Alabama, personally appears that he is the authorized forth in the foregoing states.	eared Therolyn M 6	ive, UAB/PFS Public in and for the Common who being by maintain, and as such has same are true and correspond to the correspondence of the correspondence	Hospital Lien Prepared by: Sherolyn Jones 619 19th Street South Birmingham, Alabama 35249 County of Jefferson, State of the first duly sworn, doth depose and is personal knowledge of the facts set ect.

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