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 given, as | provided by the laws | of the State of Alabama that | at UNIVERSITY OF ALABAMA |
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| HOSPITAL whose address | s is, LNB 450, 619 19 ^{tl} | ¹ ST. S., Birmingham, AL 3 | 5249-6510, which operates a hospital |
| of the same name at the sa | me address, claims a | lien for the reasonable char | rges of hospital care, treatment and |
| maintenance received by: | Marco Guardac | lo of 1716 k | King Charles Cove, Alabaster, Al 35007 |
| against all causes of action | n, suits, claims, counte | er claims and demands acci | ruing to the said Marco Guardado |
| or his legal representative, | , and against all judgn | ents, settlements and settle | ement agreements entered into by |
| virtue thereof and on accor | unt of such injuries gi | ving rise to such causes of | action, suits, claims, counter claims, |
| demands, judgments, settle | ements or settlement a | greements and which nece | essitated such hospital care. |
| 064126382.4352 | | | |
| Amount Claimed: | \$17,551.80 | Date of Admission: | 12/17/2004 |
| Date of Injury: | 12/17/2004 | Date of Discharge: | 12/19/2004 |
| | son, to be liable for da | - | such injured person, or the legal njuries are, to the best of the |
| Name: | | Name: | |
| Address: | | Address: | |
| Name: | | Name: | |
| Address: | | Address: | |
| Before me, Setta Alabama, personally appear | y: Authorized Representative for the ement of lien, and that | tary Public in and for the County Public in and for the County who being by me claimant, and as such hat the same are true and corrections. | Hospital Lien Prepared by: Sherolyn Jone 619 19th Street South Birmingham, Alabama 35249 County of Jefferson, State of the first duly sworn, doth depose and as personal knowledge of the facts set ect. |
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Notary Public NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008
BONDED THRU NOTARY PUBLIC UNDERWRITERS