20050125000038850 Pg 1/1 11.00 Shelby Cnty Judge of Probate, AL

01/25/2005 15:52:00 FILED/CERTIFIED

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 p	provided by the laws	of the State	of Alabama th	at UNIVERSITY OF	ALABAMA
HOSPITAL whose address	is, LNB 450, 619 19 ^t	^h ST. S., Birn	ningham, AL 3	5249-6510, which ope	erates a hospital
of the same name at the same	me address, claims a	lien for the r	easonable char	rges of hospital care,	treatment and
maintenance received by: _					
against all causes of action					
or his legal representative,					
virtue thereof and on accou					
demands, judgments, settle					
064132642.5516					
Amount Claimed:	\$8,799.54	Date	of Admission:	01/16/2005	
Date of Injury:	01/16/2005	Date	of Discharge:	01/16/2005	
The names and addresses of representative of such personal claimant's knowledge, as	son, to be liable for d	or corporation amages arisi	ns claimed by	such injured person, njuries are, to the bes	st of the
Name:		Name:			
Address:		Address:			
Name:		Name:			<u> </u>
		•			
Address:		Address:			
10	NIVERSITY OF A	facts	A Company of the Comp	LNB 450, 619	ared by: Tomekia Wilson 9 19th Street South Jabama 35249-6510
	uly Authorized Repr			- O - OO	
Before me, Noselfa > Alabama, personally appe	4. Jugger a)	lotary Public	in and for the	County of Jefferson,	, State of
Alabama, personally appearance say that he is the authorized	ared, ///url. N	the eleiment	wno being by	me Hrst duty sworn, as personal knowled	ge of the facts set
say that he is the authorized forth in the foregoing state					50 01 1110 14013 301
Subscribed and sworn to l	pefore me this	day of	Mally, 2005		•
		Esth (1. Shu		
	Nota		THE COMMISSIO!	ATE OF ALABAMA AT LARGE VEXPIRES: Jan 22, 2008 ARY PUBLIC UNDERWRITERS	