

1227

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 th	nat UNIVERSITY OF ALABAMA
HOSPITA	L whose address is, LNB 450, 619 19 ^t	^h ST. S., Birmingham, AL 3	35249-6510, which operates a hospital
of the sam	ne name at the same address, claims a	lien for the reasonable cha	arges of hospital care, treatment and
maintenar	nce received by: Jason Jones	of 712 F	Highway 333, Columbiana, Al 35051
against all	l causes of action, suits, claims, counte	er claims and demands acc	ruing to the said Jason Jones
or his lega	al representative, and against all judgn	nents, settlements and settl	lement agreements entered into by
virtue the	reof and on account of such injuries gi	iving rise to such causes of	f action, suits, claims, counter claims,
demands,	judgments, settlements or settlement a	agreements and which nec	essitated such hospital care.
06405003	2.4069		
Aı	mount Claimed: \$12,985.64	Date of Admission:	03/10/2004
Da	ate of Injury: 03/09/2004	Date of Discharge:	03/10/2004
representa	s and addresses of all persons, firms of ative of such person, to be liable for dask knowledge, as follows:	<u>-</u>	-
Name:	PROGRESSIVE	Name:	
	CLM# 042524688		
Address:	2122 RIVERCHASE CTR, BLDG 100, STE 110	Address:	
	BIRMINGHAM AL 35244		
Name:		Name:	
Address:		Address:	
	By:By:	otary Public in and for the who being by r	Hospital Lien Prepared by: Tomekia Wilso LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 County of Jefferson, State of me first duly sworn, doth depose and as personal knowledge of the facts set

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