

NOTICE OF HOSPITAL LIEN 0 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 lav | ws of the State of Alabama th | nat UNIVERSITY OF ALABAMA |
|-------------------------------------|--|--|---|
| HOSPITAL whose addres | s is, LNB 450, 619 | 19 th ST. S., Birmingham, AL 3 | 35249-6510, which operates a hospital |
| | | | arges of hospital care, treatment and |
| maintenance received by: | Laura M. Bihl | of <u>900 I</u> | Highway 11, Shelby, Al 35143 |
| against all causes of action | n, suits, claims, cou | | ruing to the said Laura M Bihl |
| or his legal representative, | , and against all jud | gments, settlements and settl | ement agreements entered into by |
| virtue thereof and on acco | unt of such injuries | giving rise to such causes of | faction, suits, claims, counter claims, |
| | | nt agreements and which nece | |
| 064142530.5053 | | | |
| Amount Claimed: | \$48,426.47 | Date of Admission: | 02/22/2005 |
| Date of Injury: | 02/22/2005 | Date of Discharge: | 02/25/2005 |
| elaimant's knowledge, as f Name: | .Onows: | Name: | |
| Address: | | Address: | |
| | | | |
| Vame: | | Name: | |
| Address: | | Address: | |
| By | : //a// | LABAMA HOSFITAL esentative, UAB/PFS | Hospital Lien Prepared by: Tomekia Wilson LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 |
| Before me Osella | Suare al | Notary Public in and for the (| County of Jefferson, State of |
| labama, personally appea | red, Mark D. C | who being by m | e first duly sworn, doth depose and |
| | | | s personal knowledge of the facts set |
| orun in the foregoing states | fore me this | at the same are true and correction of 2005. | ect. |
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| | and the second s | | |

Notary Public notary public state of Alabama at large MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS

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