

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510

## STATE OF ALABAMA SHELBY COUNTY

Notice is h	ereby given, as	provided by the law	s of the State of Alabama	that UNIVERSIT	Y OF ALABAMA
		•	9 <sup>th</sup> ST. S., Birmingham, AL		
			a lien for the reasonable cl		•
			Rosas of Uni	•	
			iter claims and demands a		
			gments, settlements and set		
	<b>4</b>		giving rise to such causes		
		ements or settlemen	t agreements and which ne	ecessitated such i	nospitai care.
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An	nount Claimed:	\$15,670.85	Date of Admission	1: 02/27/2005	
Da	te of Injury:	02/27/2005	Date of Discharge:	02/28/205	
claimant's	knowledge, as		damages arising from such	i injuries are, to t	ne desi of the
Name:			Name:	<del></del>	
Address:			Address:		
Name:			Name:		
Address:			Address:		
	$\mathbf{B}_{i}$	y: ////////////////////////////////////	LABAMA HOSPITAL esentative, UAB/PFS	LNB 450	Prepared by: Tomekia Wilson 0, 619 19th Street South am, Alabama 35249-6510
Before me.	Sholin	To Inima an	Notary Public in and for the	e County of Jeffe	erson. State of
	personally appear				orn, doth depose and
say that he	is the authorize	d representative for	the claimant, and as such	has personal kno	wledge of the facts set
forth in the	foregoing state	ment of lien, and the	at the same are true and co	rrect.	
Subscribed	and sworn to b	efore me this	day of March, 200!	5.	MY COMMISSION
		Ah.	ala Dalia	ner	FEB 2 7 2008
		INOtal	ry Public	<b>}</b>	