

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	at UNIVERSITY OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 th	ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the sa	me address, claims a l	ien for the reasonable cha	rges of hospital care, treatment and
maintenance received by:	Steven Houtz, Jr.,	of <u>680 F</u>	Highway 315, Columbiana, Al 35051
against all causes of action	ı, suits, claims, counte	er claims and demands acc	ruing to the said Steven Houtz, Jr.,
or his legal representative,	and against all judgm	ents, settlements and settle	ement agreements entered into by
			action, suits, claims, counter claims,
			essitated such hospital care.
064148297.5075			
Amount Claimed:	\$303,209.24	Date of Admission:	03/16/2005
Date of Injury:	03/16/2005	Date of Discharge:	04/11/2005
representative of such personal claimant's knowledge, as	son, to be liable for da	mages arising from such i	such injured person, or the legal njuries are, to the best of the
Name:	· · · · · · · · · · · · · · · · · · ·	Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
B D	y: Million of the second of th	entative, UAB/PFS	Hospital Lien Prepared by: Tomekia Wilson LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Before me,	1. Jane a No		County of Jefferson, State of
Alabama, personally appe	1.2		ne first duly sworn, doth depose and
			as personal knowledge of the facts set
forth in the foregoing state Subscribed and sworn to b	ement of lien, and that before me this	ay of the same are true and corn	rect.
		ette A. Sou	<u>a</u> 1370

Notary Public notary public state of Alabama at Large my commission expires: Jan 22, 2006
BONDED THEM NOTARY PUBLIC CHARACTERS