

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 is, LNB 450), 619 19 th ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the same address, of	claims a lien for the reasonable cha	rges of hospital care, treatment and
maintenance received by:Larry	Veazey of 9497	Al Hwy 191, Maplesville, Al 36750
against all causes of action, suits, claim	is, counter claims and demands acc	ruing to the said Larry Veazey
or his legal representative, and against a	all judgments, settlements and settle	ement agreements entered into by
virtue thereof and on account of such in	njuries giving rise to such causes of	action, suits, claims, counter claims,
demands, judgments, settlements or set	tlement agreements and which nece	essitated such hospital care.
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Amount Claimed: \$13,051.98	Date of Admission:	05/03/2005
Date of Injury: 04/03/2005	Date of Discharge:	05/04/2005
The names and addresses of all persons representative of such person, to be liab claimant's knowledge, as follows:		
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
By: ///av	OF ALABAMA/HOSP/TAL ed Representative, UAB/PFS	Hospital Lien Prepared by: Tomekia Wilson LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Before me, Tosetta A. Guare	a Notary Public in and for the	County of Jefferson, State of
	rk D. Garst who being by m	ne first duly sworn, doth depose and
say that he is the authorized representat	cive for the claimant, and as such ha	as personal knowledge of the facts set
forth in the foregoing statement of lien, Subscribed and sworn to before me this	Notory Public	141)
	NOTARY PUBLIC STATE OF ALARAMA AT LARGE MY COMMISSION EXPERES Jan 22, 2000 BONDED TERU NOTARY PUBLIC UNDERWESTER	