

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 that 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 char	rges of hospital care, treatment and
maintenance received by:	Doug Ellison	of 1292	Highway 52 East, B'Ham, Al 35724
against all causes of action, suits, claims, counter claims and demands accruing to the said Doug Ellison			
or his legal representative, and against all judgments, settlements and settlement agreements entered into by			
virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims,			
demands, judgments, settle	ements or settlement a	greements and which nece	essitated such hospital care.
064160147.5117			
Amount Claimed:	\$92,971.58	Date of Admission:	04/27/2005
Date of Injury:	04/27/2005	Date of Discharge:	05/06/2005
	son, to be liable for da		such injured person, or the legal njuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, Noselfa Alabama, personally appe	a No ared, Mark D. Gared, Mark D. Gared representative for the ment of lien, and that before me this day.	entative, UAB/PFS tary Public in and for the erst who being by note claimant, and as such has the same are true and correctly of May 2005.	eau.
Notary Public			

MOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BORGED THRU NOTARY PUBLIC UNDERWEITERS