

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 p	rovided by the laws of	f the State of Alabama th	at UNIVERSITY OF ALABAMA
HOSPITAL whose address i	is, LNB 450, 619 19 th S	ST. S., Birmingham, AL 3	5249-6510, which operates a hospital
of the same name at the same	ie address, claims a lie	en for the reasonable cha	rges of hospital care, treatment and
maintenance received by:	Jose Masias	of 7610	Fallbrook, B'Ham, Al 35211
against all causes of action,	suits, claims, counter	claims and demands acc	ruing to the said Jose Masias
or his legal representative, a	ınd against all judgme	nts, settlements and settl	ement agreements entered into by
virtue thereof and on accour	nt of such injuries givi	ng rise to such causes of	faction, suits, claims, counter claims,
demands, judgments, settler	nents or settlement ag	reements and which nece	essitated such hospital care.
064162155.5123			
Amount Claimed: 5	\$145,334.02	Date of Admission:	05/03/2005
Date of Injury:	05/03/2005	Date of Discharge:	05/26/2005
representative of such perso claimant's knowledge, as fo Name:		nages arising from such its Name:	njuries are, to the best of the
Address:		Address:	
Name:		Name:	
Address:		Address:	
By: Dul Before me, Josefia A Alabama, personally appear	y Authorized Representative a Notated, Mark D. Gardent of lien, and that the fore me this day	ntative, UAB/PFS ary Public in and for the st who being by no claimant, and as such have same are true and correct of when the same are true and correct of the same are true are true and correct of the same are true a	
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Notary Public STATE OF ALABAMA AT LARGE MY COMMISSION EXPERES: Jan 22, 2006
NY COMMISSION EXPERES: Jan 22, 2006
BONDED TERM NOTARY PUBLIC UNDER VIRIABLE