

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	ıme address, claims a l	ien for the reasonable cha	rges of hospital care, treatment and
maintenance received by:	Lynne L. Hall	of 228 \	Warwick Lane, Alabaster, Al 35007
against all causes of action	n, suits, claims, counte	r claims and demands acc	ruing to the said Lynne L. Hall
or his legal representative,	, and against all judgm	ents, settlements and settl	ement agreements entered into by
virtue thereof and on acco	unt of such injuries gi	ving 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.
064172641.5156			
Amount Claimed:	\$112,376.29	Date of Admission:	06/05/2005
Date of Injury:	06/05/2005	Date of Discharge:	06/14/2005
claimant's knowledge, as		Name:	njuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
U B D	NIVERSITY OF AL y: // // // // // // // // // // // // //	And I	Hospital Lien Prepared by: Tomekia Wilso LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
			County of Jefferson, State of
Alabama, personally appea			ne first duly sworn, doth depose and
	-		as personal knowledge of the facts set
forth in the foregoing state Subscribed and sworn to b	efore me this da	the same are true and cornary of	rect.
		alta u -/	quae '
Notary Public //			

MORARY PUBLIC STATE OF ALABAMA AT LANCE MY COMMISSION EXPERS: Jan 22, 2008 DORDED TERM NOTARY PUBLIC UNDERWRITERS