

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 l	aws of the State o	f Alahama ti	at IINIVEDCITY		
						h operates a hospital	
						care, treatment and	
		Bersilia Beasle				ne, B'Ham, Al 35244	
						Bersilia Beasley	
	, <u> </u>		dgments, settleme				
virtue the	ereof and on acco	unt of such injurie	es giving rise to su	ich causes of	f action, suits, cla	ims, counter claims,	
demands,	, judgments, settle	ements or settleme	ent agreements an	d which nec	essitated such ho	spital care.	
06417654	42.5169						
Amount Claimed: \$13,773.88			Date of	Date of Admission: 06		06/18/2005	
D	ate of Injury:	06/18/2005	Date of	Discharge:	06/19/2005		
A.	s knowledge, as: USAA		or damages arising Name:	, mom such i	injuries are, to the	best of the	
	Clm/ 14161635						
Address:	P.O.Box 659461		Address:	Address:			
	San Antonio, TX 78265						
Name:			Name:				
Address:			Address:		▀▘▗▀▘▗▝▘▗▗▘▗▗▘▗▗▘▗▗▘▗▗▘▗▗▘▗▗▘▗▗▘▗▗▘▗ ▗▘▗▗▘▗▗▘▗▗		
Before me	\mathbf{B}	y: Market Reuly Authorized Re		/PFS	LNB 450, Birminghan	repared by: Tomekia Wilson 619 19th Street South n, Alabama 35249-6510	
Alabama,	personally appea	ared, Mark D	. Garst wh	o being by n	ne first duly swor	rn, doth depose and	
say that h	e is the authorize	ed representative f	or the claimant, an	nd as such ha	as personal know	ledge of the facts set	
forth in th	ne foregoing state	ement of lien, and	that the same are	true and cor	rect.		
Subscribe	ed and sworn to b	efore me this	Lay of Line			MYCOMMISSION	
			tary Public	ande.		FEB 2 7 2008	