

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	by the laws of the State of Alabama that U	NIVERSITY OF ALABAMA
HOSPITAL whose address is, LNB 4	450, 619 19 th ST. S., Birmingham, AL 35249	9-6510, which operates a hospital
of the same name at the same address	s, claims a lien for the reasonable charges	of hospital care, treatment and
maintenance received by: Eunic	e Tamborrel of P.O. E	Box253 Shebby, Al
against all causes of action, suits, clai	ims, counter claims and demands accruin	g to the said Eunice Tamborne
	st all judgments, settlements and settleme	
virtue thereof and on account of such	n injuries giving rise to such causes of acti	ion, suits, claims, counter claims,
demands, judgments, settlements or s	settlement agreements and which necessit	tated such hospital care.
Amount Claimed: \$35,2	46.34 Date of Admission: 6	-11-2005
Date of Injury: 6-11-20	Date of Discharge: 6-	17-2005
-	ons, firms or corporations claimed by such iable for damages arising from such injur	
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
UNIVERSI By: Duly Author	TY OF ALABAMA HOSPITAL Horized Representative, UAB/PFS	spital Lien Prepared by: Melinda Karr LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Before me, ShElia) Latier	a Notary Public in and for the Cou	inty of Jefferson, State of
		irst duly sworn, doth depose and
	ntative for the claimant, and as such has p	
	en, and that the same are true and correct. this ZZM day of June, 2005.	
Subscribed and Sworn to before me t	.1115/C auy or <u>Sector</u> , 2005.	MY COMMISSION

MY COMMISSION

Sotary Public

FEB 2 7 2008

EXPIRES