

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 is, LNB 450	0, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital
of the same name at the same address,	claims a lien for the reasonable charges of hospital care, treatment and
maintenance received by:	y Keith Sillery of P.O.Box 1584, Calera, Al 35040
against all causes of action, suits, clain	ns, counter claims and demands accruing to the said Jeffrey Keith Sillery
or his legal representative, and against	all judgments, settlements and settlement agreements entered into by
virtue thereof and on account of such in	njuries giving rise to such causes of action, suits, claims, counter claims,
demands, judgments, settlements or set	ttlement agreements and which necessitated such hospital care.
064187007.5212	
Amount Claimed: \$14,186.08	Date of Admission: 07/31/2005
Date of Injury: 07/31/2005	Date of Discharge: 07/31/2005
The names and addresses of all persons representative of such person, to be lial claimant's knowledge, as follows:	s, firms or corporations claimed by such injured person, or the legal ble for damages arising from such injuries are, to the best of the
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
By:	Hospital Lien Prepared by: Tomekia Wilson LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 ed Representative, UAB/PFS
Before me, Sisetta A. Juliare	a Notary Public in and for the County of Jefferson, State of
	rk D. Garst who being by me first duly sworn, doth depose and
say that he is the authorized representa	tive for the claimant, and as such has personal knowledge of the facts set
forth in the foregoing statement of lien Subscribed and sworn to before me this	notary Public State of Assama at LARGE MY COMMISSION EXPERTS: 3005.