

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 la	ws of the State of Alabama t	hat UNIVERSITY OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619	19 th ST. S., Birmingham, AL	35249-6510, which operates a hospital
of the same name at the sa	me address, claims	s a lien for the reasonable cha	arges of hospital care, treatment and
maintenance received by:	RACHEL MASSE	<u>eY</u> of 1840	14 th St So. Bham, AL 35212
against all causes of action	ı, suits, claims, cou	inter claims and demands acc	cruing to the said Rachel Massey
or his legal representative,	and against all jud	dgments, settlements and sett	lement agreements entered into by
virtue thereof and on accor	unt of such injuries	s giving rise to such causes o	f action, suits, claims, counter claims,
demands, judgments, settle	ements or settleme	nt agreements and which ned	essitated such hospital care.
064187005-5212			
Amount Claimed:	\$15,154.31	Date of Admission:	07/31/2005
Date of Injury:	07/31/2005	Date of Discharge:	08/01/2005
claimant's knowledge, as			injuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, Setta Alabama, personally appears say that he is the authorize forth in the foregoing state	y: Authorized Repared, Mark D. In the distribution of lien, and the efore me this Control of lien.	Notary Public in and for the Garst who being by a rethe claimant, and as such he hat the same are true and conday of Gugust, 2005	
!	Not	ary Public	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPERES: Jos 22, 2003 BONDED TERU NOTARY PUBLIC ENGINEWRITERS