

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 h	ereby given, as	provided by the lav	ws of the State o	f Alabama th	at UNIVERSITY OF ALABAMA	
HOSPITA	L whose address	s is, LNB 450, 619	19 th ST. S., Birmi	ingham, AL 3	5249-6510, which operates a hospital	
of the same	e name at the sa	me address, claims	s a lien for the re	asonable cha	rges of hospital care, treatment and	
maintenance received by: Christopher R Harrison			rison	of 133 High Ridge Tr.Pelham, AL 35124		
against all	causes of action	ı, suits, claims, cou	inter claims and	demands acc	ruing to the said Christopher Harrison	
or his lega	l representative,	and against all jud	lgments, settlem	ents and settl	lement agreements entered into by	
virtue ther	eof and on acco	unt of such injuries	s giving rise to s	uch causes of	f action, suits, claims, counter claims,	
demands, j	judgments, settle	ements or settlemen	nt agreements ar	nd which nec	essitated such hospital care.	
06418666	575710					
Amount Claimed:		\$27,327.08	Date of	of Admission: <u>07/29/2005</u>		
Date of Injury:		07/29/2005	Date of	Discharge: <u>08/02/2005</u>		
•	knowledge, as NATIONWIDE		Name:	Name: Michael Lee Mason		
	4100 COLONNADE PARKWAY			513 Camelia	Road	
Address:	POL #779P12393		Address:	Birmingham, AL 35215		
	BIRMINGHAM	I, AL 35243				
Name:			Name:	GMAC Auto	o Ins Co.	
Address:			Address:			
Alabama, say that he forth in th	personally appears the authorized foregoing state	y:	Notary Public is Garst what the same are	B/PFS n and for the ho being by and as such he true and con	Hospital Lien Prepared by: Melinda Kar LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 County of Jefferson, State of me first duly sworn, doth depose and as personal knowledge of the facts set crect.	

Notary Public State of Alabama at Laboration Commission Experies: Jan 22, 2000 DONDED THRU NOTARY PUBLIC LINDSHWEITERS

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