

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 i	is hereby given, as	provided by the laws	of the State of Alabama th	hat UNIVERSITY OF ALABAI	MA
HOSPI	TAL whose address	s is, LNB 450, 619 19	th ST. S., Birmingham, AL	35249-6510, which operates a h	nospital
of the sa	ame name at the sa	me address, claims a	lien for the reasonable cha	arges of hospital care, treatmen	nt and
mainten	nance received by:	Derrick Frank	lin of 704 l	Brookland Curve, Montgomery, A	4136117_
against	all causes of action	ı, suits, claims, count	er claims and demands acc	cruing to the said Derrick Fra	ınklin
or his le	egal representative,	and against all judgr	nents, settlements and sett	lement agreements entered int	o by
				f action, suits, claims, counter	
				essitated such hospital care.	
	679.5228				
Amount Claimed: \$33,148.19		\$33,148.19	Date of Admission:	08/16/2005	
-	Date of Injury:	08/16/2005	Date of Discharge:	08/19/2005	
•	t's knowledge, as		Name:	injuries are, to the best of the	
name:	Clm/ 056491492		TVaille.		
Address		Ctr, Bldg 100 Ste 110	Address:		
	Birmingham Al	35244			
Name:			Name:		
Address	S:		Address:		
	B D	y: // / / / / / / / / / / / / / / / / /	sentative, UAB/PFS	Hospital Lien Prepared by: LNB 450, 619 19th Str Birmingham, Alabama 3	eet South 35249-6510
Before 1	me She ling to). Lavier a N	otary Public in and for the	County of Jefferson, State of	
Alabam	a, personally appea	ared, Mark D. G	arst who being by i	me first duly sworn, doth depo	se and
•		•		as personal knowledge of the	facts set
forth in	the foregoing state	ement of lien, and tha	t the same are true and con lay of High 2005	rect.	
Subscri	bed and sworn to b	A	la de Lanies	MYCOMN	11SS10N 7 2008
		(Notar)	y Public	63/	