

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510

## STATE OF ALABAMA SHELBY COUNTY

| SHELBY COUNTY Notice is hereby given    | , as provided by the law                            | s of the State of Alabama th                           | at UNIVERSITY                                    | OF ALABAMA   |  |
|---|---|--|--|--|--|
| HOSPITAL whose add                      | dress is, LNB 450, 619 19                           | 9 <sup>th</sup> ST. S., Birmingham, AL 3               | 5249-6510, which                                 | operates a hospital  |  |
| of the same name at th                  | e same address, claims                              | a lien for the reasonable cha                          | rges of hospital ca                              | are, treatment and   |  |
| maintenance received                    | by: Latikee Conner                                  | of <u>1132</u>   | of 1132 4 <sup>th</sup> Ave W # I Bham, AL 35204 |  |  |
| against all causes of ac                | ction, suits, claims, cour                          | nter claims and demands acc                            | ruing to the said I                              | Latikee Conner   |  |
| or his legal representat                | tive, and against all judg                          | gments, settlements and settl                          | ement agreements                                 | s entered into by  |  |
| virtue thereof and on a                 | account of such injuries                            | giving rise to such causes of                          | f action, suits, clai                            | ms, counter claims,  |  |
| demands, judgments, s                   | settlements or settlemen                            | t agreements and which nec                             | essitated such hos                               | pital care.  |  |
| 064183492-5696                          |   |  |  |  |  |
| Amount Claim                            | ed: \$740.44  | Date of Admission:                                     | 07/15/2005                                       |  |  |
| Date of Injury:                         | 07/15/2005  | Date of Discharge:                                     | 07/15/2005                                       |  |  |
|   | person, to be liable for                            | or corporations claimed by damages arising from such i | <del>-</del>                                     | <del>-</del>   |  |
| Name:                                   |   | Name:  | • •• , · • , · • , · • , · · • , · · · ·         |  |  |
| Address:                                |   | Address:   |  |  |  |
| Name:                                   |   | Name:  |  |  |  |
| Address:                                |   | Address:   |  |  |  |
| Before me, SMClie Alabama, personally a | By:   | resentative, UAB/PFS  Notary Public in and for the     | LNB 450, 6 Birmingham  County of Jeffers         | repared by: Melinda Kan<br>319 19th Street South<br>, Alabama 35249-6510<br>on, State of<br>n, doth depose and |  |
|   |   | the claimant, and as such ha                           |  |  |  |
| forth in the foregoing                  | statement of lien, and the to before me this $23rc$ | the same are true and cordian of fugust, 2005.         | rect.  | MY COMMISSION  |  |
|   | Nota  | La J. Lanier<br>ry Public                              |  | FEB 2 7 2008   |  |