

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

20050914000478350 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
09/14/2005 03:34:15PM FILED/CERT

**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, 619 19<sup>th</sup> 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: ASTRID PERRY of 304 3<sup>rd</sup> Ave Sw #E Bham, AL 35211 against all causes of action, suits, claims, counter claims and demands accruing to the said Astrid Perry or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

06413491-5696

Amount Claimed: \$371.81

Date of Admission: 7/15/2005

Date of Injury: 07/15/2005

Date of Discharge: 7/15/2005

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**UNIVERSITY OF ALABAMA HOSPITAL**

By: Mark D. Garst  
Duly Authorized Representative, UAB/PFS

**Hospital Lien Prepared by: Melinda Kam**  
**LNB 450, 619 19th Street South**  
**Birmingham, Alabama 35249-6510**

Before me, Rosetta A. Square a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Mark D. Garst who being by me first duly sworn, doth depose and say that he is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Subscribed and sworn to before me this 04<sup>th</sup> day of September 2005.

Rosetta A. Square  
Notary Public

**NOTARY PUBLIC STATE OF ALABAMA AT LARGE**  
**MY COMMISSION EXPIRES: Jan 22, 2008**  
**BONDED THRU NOTARY PUBLIC UNDERWRITERS**