

## 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

Notice is hereby given, as provided by the	laws of the State of Alabama that UNIVERSITY OF ALABAMA
HOSPITAL whose address is, LNB 450, 61	9 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital
of the same name at the same address, clair	ns a lien for the reasonable charges of hospital care, treatment and
maintenance received by: Joe Resha	of 238 Highridge Drive, Pelham, Al 35124
against all causes of action, suits, claims, co	ounter claims and demands accruing to the said Joe Resha
or his legal representative, and against all ju	udgments, settlements and settlement agreements entered into by
virtue thereof and on account of such injuri	es giving rise to such causes of action, suits, claims, counter claims,
demands, judgments, settlements or settlem	nent agreements and which necessitated such hospital care.
064199248.5756	
Amount Claimed: \$11,545.29	Date of Admission: 09/14/2005
Date of Injury: 09/13/2005	Date of Discharge: 09/15/2005
	ms or corporations claimed by such injured person, or the legal for damages arising from such injuries are, to the best of the
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
By:   Circle  Duly Authorized Re	epresentativé, UAB/PFS
	a Notary Public in and for the County of Jefferson, State of
Alabama, personally appeared, Mark I	O. Garst who being by me first duly sworn, doth depose and 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	day of September, 2005.
	Fostle a. Dun

Notary Public State of Alabama at Large MY COMMISSION EXPIRES: Jan 22, 2008
BORDED TERU NOTARY PUBLIC ENDERWRITERS