

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 hereby given, as	provided by the laws	of the State of Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 ¹	th ST. S., Birmingham, AL 3	5249-6510, which	n operates a hospital
of the same name at the sa	me address, claims a	lien for the reasonable cha	rges of hospital c	are, treatment and
maintenance received by:	James B. Jones	of 6790	Ridgewood Dr, 1	Pinson, Al 35126
against all causes of action	n, suits, claims, count	er claims and demands acc	ruing to the said	James B. Jones
or his legal representative,	and against all judgr	nents, settlements and settl	ement agreement	s entered into by
virtue thereof and on accor	unt of such injuries g	iving rise to such causes of	faction, suits, cla	ims, counter claims,
demands, judgments, settle	ements or settlement	agreements and which nece	essitated such hos	spital care.
064202381.5768				
Amount Claimed:	\$24,053.12	Date of Admission:	09/25/2005	
Date of Injury:	09/25/2005	Date of Discharge:	09/27/2005	
The names and addresses of representative of such personal claimant's knowledge, as	son, to be liable for da		•	
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:		
By Di	y: Market Representation of the second secon	sentative, UAB/PFS	LNB 450, Birmingham	epared by: Tomekia Wilson 619 19th Street South n, Alabama 35249-6510
Before me, Joseffu A		otary Public in and for the	County of Jeffers	on, State of
Alabama, personally appea				n, doth depose and
say that he is the authorize forth in the foregoing state	-		•	leage of the facts set
forth in the foregoing state Subscribed and sworn to b				
		Soft And		

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS 1704