

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	hat UNIVERSITY OF ALABAMA
HOSPITAL whose address	s is, LNB 450, 619 19 ¹	h ST. S., Birmingham, AL	35249-6510, which operates a hospital
of the same name at the sa	me address, claims a	lien for the reasonable cha	arges of hospital care, treatment and
maintenance received by:	Bernell Musso	of 4626	Bearcreek Rd, Sterrett, Al 35147
against all causes of action	ı, suits, claims, count	er claims and demands acc	cruing to the said Bernell Musso
or his legal representative,	, and against all judgr	nents, settlements and sett	lement agreements entered into by
virtue thereof and on accor	unt of such injuries g	iving rise to such causes o	f action, suits, claims, counter claims,
demands, judgments, settle	ements or settlement	agreements and which nec	essitated such hospital care.
064207737.5288			
Amount Claimed:	\$87,689.97	Date of Admission:	10/15/2005
Date of Injury:	10/15/2005	Date of Discharge:	10/28/2005
	son, to be liable for da	•	such injured person, or the legal injuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
	y: //www.delanderes	sentative, UAB/PFS	Hospital Lien Prepared by: Tomekia Wilso LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
Before me, Dsc44	A. Square a No	otary Public in and for the	County of Jefferson, State of
Alabama, personally appea	ared, Mark D. Ga	who being by r	ne first duly sworn, doth depose and
	•		as personal knowledge of the facts set
forth in the foregoing state Subscribed and sworn to b	efore me this d	ay of Morenler, 2005	
		y Public ,	
	-	RY PUBLIC STATE OF ALABAMA AT L	ARGE

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Joe 22, 2008
BONNED THRU NOTARY PUBLIC UNGERWAITERS