

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510

STATE OF ALABAMA SHELBY COUNTY

| | | | ^ .1 ~··· | ^ A 1 1 - | , ********* | | |
|-----------------------------|--------------------|--|--------------------|--|------------------------|--|--|
| | | provided by the laws | | | | | |
| | | s is, LNB 450, 619 19 ^t | | | | | |
| of the sam | e name at the sa | me address, claims a | lien for the rea | asonable cha | rges of hospital c | are, treatment and | |
| maintenan | ice received by: | Cheryl Woods | <u>-</u> . "- | of 125 Summer Hill Dr, Alabaster, Al 35007 | | | |
| against all | causes of action | n, suits, claims, count | er claims and o | demands acc | ruing to the said | Cheryl Woods | |
| or his lega | ıl representative, | and against all judgr | nents, settleme | ents and settl | ement agreement | s entered into by | |
| virtue ther | eof and on acco | unt of such injuries g | iving rise to su | ich causes of | action, suits, cla | ims, counter claims, | |
| demands, | judgments, settle | ements or settlement | agreements an | d which nec | essitated such hos | spital care. | |
| 06422551 | | | | | | | |
| Amount Claimed: \$12,526.32 | | \$12,526.32 | Date of Admission: | | 12/28/2005 | | |
| Da | te of Injury: | 12/28/2005 | Date of | Discharge: | 12/28/2005 | | |
| - | knowledge, as Alfa | son, to be liable for da follows: | Name: | | | | |
| | Clm/#: A212585 | 58 | | | , <u> </u> | | |
| Address: | 2692 E Pelham Pkwy | | Address: | | | | |
| | Pelham, Al 35124 | | | | | | |
| Name: | | | Name: | | | | |
| Address: | | | Address: | <u> </u> | | | |
| Before me | B D | NIVERSITY OF All y: Man Survey Survey Authorized Representation of the Authorized Representation of | sentative, UAB | /PFS | LNB 450, Birminghan | repared by: Tomekia Wilso 619 19th Street South n, Alabama 35249-6510 son, State of | |
| Alabama, | personally appe | ared, Mark D. G | arst wh | o being by r | ne first duly swor | n, doth depose and | |
| | | - | | | | ledge of the facts set | |
| forth in th | e foregoing state | ement of lien, and tha | t the same are | true and cor | rect. | | |
| Subscribe | d and sworn to b | pefore me this 200 | lay of | 2005 | | | |
| | | | y Public | | | | |
| | | NOTAET | PUBLIC STATE OF A | ES: Jan 22. 200 | | 1887 | |

MY COMMISSION EXPIRES: Jes 22, 2008

RONDED THRU NOTARY PUBLIC UPDER WESTERS