

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 lav	vs of the State of	f Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITA	AL whose address	s is, LNB 450, 619 1	9 th ST. S., Birmi	ngham, AL 3	35249-6510, which	operates a hospital
of the san	ne name at the sa	me address, claims	a lien for the rea	asonable cha	rges of hospital ca	are, treatment and
maintenance received by: Terry Pruitt C			Crumpton	<u>Frumpton</u> of 724 Cove Springs Re		olumbiana, Al 35051
						Terry Pruitt Crumpton
		and against all jud				
•	_					ms, counter claims,
		ements or settlemen				
		CHICHES OF SOCCIONION				
06422578		Φ225 170 15	Date of	Admission:	12/29/2005	
Amount Claimed:		\$323,470.13	Date of	AGIIII33IUII.	12/27/2005	
D	ate of Injury:	12/29/2005	Date of	Discharge:	01/25/2006	
claimant'	's knowledge, as	follows:				
Name:	Alfa Auto Insurance		Name:			
	2692 E Pelham Pkwy					
Address:	Pelham, AL 351	<u></u>	Address:			
Name:			Name:			
A ddroog.			– Address:			
Address:	<u> </u>					
	\mathbf{U}	NIVERSITYOF	ALABAMACHU	JSPITAL	Hospital Lien Pr LNB 450,	epared by: Tomekia Wilso 619 19th Street South
		y: ////////////////////////////////////	1 / acy	DEC	Birmingham	n, Alabama 35249-6510
		uly Authorized Rep				
		A. Juan a				
Alabama	, personally appe	ared, Mark D.		•	_	n, doth depose and
•						ledge of the facts set
forth in t	he foregoing state	ement of lien, and the	nat the same are	true and con	rect.	
Subscribe	ed and sworn to t	ement of hen, and the sefore me this	- day of Area	7		
		. 5	Lisetta		1	
		——————————————————————————————————————	ary Public			1437
			TARY PUBLIC STATE O	F ALABAMA AT I	ARGE	

MY COMMISSION EXPIRES: Jan 22, 2008 BONDED TERU NOTARY PUBLIC UNDERWRITERS