

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 th	¹ ST. S., Birmingham, AL 3	85249-6510, which	operates a hospital
of the same name at the sa	me address, claims a	lien for the reasonable cha	rges of hospital ca	re, treatment and
maintenance received by:	Nancy Pace	of <u>709</u>	Windsor Street, G	adsden, Al 35903
against all causes of action	ı, suits, claims, counte	er claims and demands acc	ruing to the said	Nancy Pace
or his legal representative,	and against all judgm	nents, settlements and settl	ement agreements	entered into by
virtue thereof and on accor	unt of such injuries gi	ving rise to such causes of	f action, suits, clair	ms, counter claims,
demands, judgments, settle	ements or settlement a	agreements and which nec	essitated such hosp	pital care.
064246643.6078				
Amount Claimed:	\$188,849.77	Date of Admission:	03/20/2006	
Date of Injury:	03/19/2006	Date of Discharge:	03/30/2006	-
The names and addresses of representative of such personal claimant's knowledge, as	son, to be liable for da			
Name:		TNATIIC.		
Address:		Address:		
Name:		Name:		
Address:		Address:		
\mathbf{B}	y: Authorized Representative for the effore me this 4 december of december december of the effore me this 4 december of december of the effore me this 4 december of december of december of the effort me this 4 december of december of the effort me this 4 december	otary Public in and for the who being by notice claimant, and as such has	LNB 450, 6 Birmingham, County of Jeffersone first duly sworr as personal knowled rect.	Alabama 35249-6510 on, State of a doth depose and

Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS 2074