

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	f Alabama th	at UNIVERSITY	OF ALABAMA
HOSPITAL who	se address	is, LNB 450, 61	9 19 th ST. S., Birmi	ngham, AL 3	5249-6510, which	n operates a hospital
of the same name	e at the sa	me address, clair	ns a lien for the rea	asonable cha	rges of hospital c	eare, treatment and
maintenance rece	eived by:	Michael N	IcSwain	of 741.0	Cahaba Forest Co	ve, B'Ham, Al 35242
						Michael McSwain
			udgments, settleme			
						ims, counter claims,
			nent agreements an			
064258336.6622						
		\$42,734.28	Date of	Admission:	05/02/2006	
Date of In	njury:	05/02/2006	Date of	Discharge:	05/05/2006	
The names and a representative of claimant's know	such pers	on, to be liable f	ms or corporations or damages arising	s claimed by g from such i	such injured personjuries are, to the	son, or the legal e best of the
Name:			Name:			
Address:			Address:			
Name:			Name:			
Address:			Address:			
	\mathbf{B}	y: //w/	F ALABAMA HO epresentative, UAF		LNB 450,	repared by: Tomekia Wilson 619 19th Street South n, Alabama 35249-6510
Before me.		A Guara	a Notary Public in	and for the	County of Jeffers	son, State of
Alabama, person	ally appea	ared, Mark I). Garst wh	no being by r	ne first duly swo	rn, doth depose and
say that he is the	authorize	d representative	for the claimant, a	nd as such h	as personal know	ledge of the facts set
			d that the same are			
Subscribed and s	sworn to b	N	day of har day of har day of any Public otary Public STATE OF MY COMMISSION EXPENSE OF ANY COMMISSION EXPENSE OF ANY COMMISSION EXPENSE OF ANY PUBLIC STATE OF ANY PUB	ALABAMA AT LAS	nau GE	2161
			AY COMMISSION EXPL SONDED THRU NOTARY PU	BLIC UNDERWELL		