

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 that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 619 19th ST. S., Birmingham, AL 35249-6510, which operates a hospital of the same name, at the same address, claims a lien for the reasonable charges of hospital care, treatment and maintenance received by: Robyn Harris of 216 Shoal Run Trail, Birmingham, AL 3524, against

			**	to the said Robyn Harris or her legal
•				reements entered into by virtue thereof
and on acc	count of such inj	uries giving rise to	o such causes of action, sui	ts, claims, counter claims, demands,
judgments	s, settlements or	settlement agreem	nents and which necessitate	d such hospital care.
06427923	9.6201			
Amount Claimed: \$18,769.68		Date of Admission	n: <u>07/20/2006</u>	
Date of Injury:		07/20/2006	Date of Discharge	e: <u>07/21/2006</u>
representa		son, to be liable fo		by such injured person, or the legal th injuries are, to the best of the
Name:	USAA		Name:	
	PO Box 659461			
Address:	San Antonio, TX 78265		Address:	
	CLM#: 543816			
Name:			Name:	
Address:	·		Address:	· · · · · · · · · · · · · · · · · · ·
Auuress.				
	\mathbf{B}	y: // ac/	Hard Hard	Hospital Lien Prepared by: Barbara Donah LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510
			presentative, UAB/PFS	
Before me	, Joseffa	4. Juan	a Notary Public in and	d for the County of Jefferson, State of
Alabama,	personally appea	ared, Mark Garst	who being by me first dul	ly sworn, doth depose and say that he is
the authori	ized representati	ive for the claimar	nt, and as such has personal	knowledge of the facts set forth in the
			ne are true and correct. day of	7
Subscribed	and sworn to b		day of Jule Lette a.	

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