

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: Margaret McNeff of 1381 County Rd 153, Jemison, AL 35085, against

all causes of action, suits,	claims, counter clair	ns and demands accruing to	the said Margaret M	cNeff or her legal
representative, and against	all judgments, settle	ements and settlement agree	ements entered into by	y virtue thereof
and on account of such inj	uries giving rise to s	such causes of action, suits,	claims, counter claim	is, demands,
judgments, settlements or	settlement agreemen	its and which necessitated s	uch hospital care.	
064293121-6253				
Amount Claimed:	\$50,819.74	Date of Admission:	09/10/2006	
Date of Injury:	09/10/2006	Date of Discharge:	09/14/2006	
The names and addresses of representative of such personant's knowledge, as	son, to be liable for d	or corporations claimed by lamages arising from such i	such injured person, injuries are, to the bes	or the legal st of the
Name:	· · ·	Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:		
\mathbf{B}	y: Santana uly Authorized Repres	LABAMA HOSPITAL Secondary of the second	LNB 450, 619 Birmingham, Al	19th Street South abama 35249-6510
Before me, Moselfa	A Daun	a Notary Public in and for	or the County of Jeffe	rson, State of
		hoo who being by me first		
-		nant, and as such has person		facts set forth in
the foregoing statement of Subscribed and sworn to b	lien, and that the same lies of this	me are true and correct. day of	lu	_, 2006 .
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Notary Public State of Alabama at Large MY COMMISSION EXPIRES: Jan 22, 2008 BONDED THRU NOTARY PUBLIC UNDERWRITERS