

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: Nicole Saltsman of Gen. Del., Birmingham, AL 35216, against all causes of action, suits, claims, counter claims and demands accruing to the said Nicole Saltsman or her legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

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and on account of such inj	uries giving rise to	o such causes of action, suits,	claims, counter clair	ns, demands,
judgments, settlements or	settlement agreem	ents and which necessitated s	uch hospital care.	
064342537-7084				
Amount Claimed:	\$17,240.52	Date of Admission:	03/25/2007	
Date of Injury:	03/25/2007	Date of Discharge:	03/25/2007	
The names and addresses representative of such per-	son, to be liable fo	ns or corporations claimed by or damages arising from such i	such injured person injuries are, to the be	or the legal est of the
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:		
\mathbf{B}	v: (3) 1/2)	PALABAMA HOSPITAL Onalis presentative, UAB/PFS eave a Notary Public in and for	LNB 450, 61 Birmingham.	red by: Dorothy McCurd 9 19th Street South Nabama 35249-6510
Before me, Soseff	a () 91	ected a Notary Public in and for	or the County of Jeff	ferson, State of
Alabama, personally appe	ared, Barbara Do	nahoo who being by me firs	t duly sworn, doth de	epose and say that
he is the authorized repres	sentative for the cl	aimant, and as such has perso	nal knowledge of the	e facts set forth in
the foregoing statement of Subscribed and sworn to l	f lien, and that the before me this	same are true and correct. day of Municipal		, 2007.
		Partter as	Juan	

Notary Public

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