

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: Peggy D. Stough of 1968 Hwy 441, Wilsonville, AL 35186, against all causes of action, suits, claims, counter claims and demands accruing to the said Peggy D. Stough 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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064391142-7276				
Amount Claimed: \$1	19,919.90	Date of Admission:	10/03/2007	
Date of Injury: 10	0/03/2007	Date of Discharge:	10/04/2007	
The names and addresses of a representative of such person claimant's knowledge, as follows:	, to be liable for dam	-		
Name:		Name:		
Address:	· · · · · · · · · · · · · · · · · · ·	Address:		
Name:		Name:		
Address:		Address:		
By :	Anthorized Represen	BAMA HOSPITAL Orange tative, UAB/PFS Notary Public in and for	Birmingham, Ala	9th Street South barna 35249-6510
Alabama, personally appeared	d, <u>Barbara Donaho</u>	who being by me first	t duly sworn, doth dep	ose and say that
he is the authorized represent		•	•	acts set forth in
the foregoing statement of lie Subscribed and sworn to before	n, and that the same ore me this _//	are true and correct? day of	<u></u>	2007.
		Detta a.C	Lun	

Notary-Public

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