

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

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: Vernessa Pierce of 1469 Cedar Springs Cir, Clarksville, Tn 37042, against all causes of action, suits, claims, counter claims and demands accruing to the said Vernessa Pierce 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.

her legal representative, ar	ıd against all judgn	nents, settlements and settlem	ent agreements entered into by virtue
thereof and on account of	such injuries giving	g rise to such causes of action	, suits, claims, counter claims,
demands, judgments, settle	ements or settlemen	nt agreements and which nece	essitated such hospital care.
064407668-7843			
Amount Claimed:	\$6,120.04	Date of Admission:	12/09/2007
Date of Injury:	12/09/2007	Date of Discharge:	12/10/2007
	on, to be liable for	s or corporations claimed by a damages arising from such in	such injured person, or the legal njuries are, to the best of the
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, DSEHA CAlabama, personally appearable is the authorized representation of the foregoing statement of	aly Authorized Repared, Barbara Done entative for the claim lien, and that the second	ahoo who being by me first mant, and as such has person ame are true and correct.	Hospital Lien Prepared by: Donna Sweatman LNB 450, 619 19th Street South Birmingham, Alabama 35249-6510 The County of Jefferson, State of duly sworn, doth depose and say that al knowledge of the facts set forth in
Subscribed and sworn to b	efore me this 16	day of Nillen	

Notary Public

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

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