20080313000103460 1/1 \$11.00 Shelby Cnty Judge of Probate, AL 03/13/2008 09:58:52AM FILED/CERT

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: Omero Chavarria of 921 Goldencrest Circle, Birmingham, AL 35209, against all causes of action, suits, claims, counter claims and demands accruing to the said Omero Chavarria or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and

on account of such injurie	s giving rise to suc	ch causes of action, suits, clair	ns, counter claims, demands, judgments,
		hich necessitated such hospital	
064427699 8064			
Amount Claimed:	\$22,431.42	Date of Admission:	03/04/2008
Date of Injury:	03/04/2008	Date of Discharge:	03/04/2008
	—	-	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, Sosetta	y: Marized Re		Hospital Lien Prepared by: Nikisha Lofti L450, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of
· •			t duly sworn, doth depose and say that she knowledge of the facts set forth in the
foregoing statement of lie	n, and that the san	-	, 2008 .
		Ruth a. Su	
	No	otary Public	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2012 BONDED THRU NOTAR! PUBLIC UNDERWRITERS