20080325000120430 1/1 \$11.00 Shelby Cnty Judge of Probate,AL 03/25/2008 01:58:25PM 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: Sean Cleckler of 4280 Old Hwy 280, Sterrett AL 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Sean Cleckler or his 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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Amount Claimed:	\$43,290.27	Date of Admission:	03/16/2008
Date of Injury:	03/16/2008	Date of Discharge:	03/19/2008
		•	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, Alabama, personally appersonally appersonally appersonally statement of lies.	ared, Barbara Dona ative for the claiman and that the same a sefore me this 24th Notar	_ a Notary Public in and for hoo who being by me first t, and as such has personal are true and correct. day of	GE
	MY C	OMMISSION EXPIRES: Jan 22, 20	

BONDED THRU NOTARY PUBLIC UNDERWRITERS

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