

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: Douglas A Witt of 221 Forest Hills Cir, Alabaster, AL 35007, against all causes of action, suits, claims, counter claims and demands accruing to the said Douglas A Witt 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

ssitated such hospital care. Date of Admission:	05/09/2009
Date of Admission:	05/09/2009
Date of Admission:	05/09/2009
	03/08/2008
Date of Discharge:	05/09/2008
	such injured person, or the legal njuries are, to the best of the claimant's
Name:	
Address:	
Name:	
Address:	
a Notary Public in and for Donahoo who being by me first claimant, and as such has personal se same are true and correct set Law day of	duly sworn, doth depose and say that she knowledge of the facts set forth in the
	Date of Discharge: as, firms or corporations claimed by able for damages arising from such it Name: Address: Name: Address: Y OF ALABAMA HOSPITAL Address: Y OF ALABAMA HOSPITAL Address: Address:

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