

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: Annette Pass of 8439 N Valley Rd, Pinson, AL 35126, against all causes of action, suits, claims, counter claims and demands accruing to the said Annette Pass 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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Amount Claimed:	\$22,869.63	Date of Admission:	07/11/2008
Date of Injury:	07/11/2008	Date of Discharge:	07/11/2008
	•	•	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, Nosetta Alabama, personally appe	uly Authorized Representative for the claimant, and that the same a	_ a Notary Public in and for hoo who being by me first t, and as such has personal are true and correct.	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
	Notar	y Public /	

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