

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: Romero Domingo of 7244 Orland Station Rd, Montevallo, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Romero Domingo or his legal representative, and against all judgments, settlements and settlement agreements entered into by virtue thereof and

| | nt of analysis | | _1 | |
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| | | | | ns, counter claims, demands, judgments, |
| 0644778 | | greements and wi | nich necessitated such hospita | i care. |
| | mount Claimed: | \$23,149.26 | Date of Admission: | 09/21/2008 |
| D | ate of Injury: | 09/21/2008 | Date of Discharge: | 09/22/2008 |
| represent | | | <u>-</u> | such injured person, or the legal njuries are, to the best of the claimant's |
| Name: | | | Name: | |
| Address: | | | Address: | |
| Name: | | | Name: | |
| Address: | | | Address: | |
| Alabama is the aut | ne, Kosetfollo , personally appea horized represent | ared, Barbara Do ative for the claim efore me this Zi | nahoo who being by me first ant, and as such has personal e are true and correctled day of lefter and lefter a | 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 same with the control of the same with the |
| | | Not | tary Public | |

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