

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19<sup>th</sup> 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 19<sup>th</sup> 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: Shirley F Collier of 405 Allen Drive, Sylacauga, AL 35150, against all causes of action, suits, claims, counter claims and demands accruing to the said Shirley F Collier 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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settlement agreemer	nts and which necessitated	d such hospital care.	
064484344 8290			
Amount Cla	imed: \$31,412.18	Date of Admission:	10/16/2008
Date of Injur	ry: <u>10/16/2008</u>	Date of Discharge:	10/17/2008
	ch person, to be liable for	-	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Alabama, personally is the authorized rep	By: Duly Authorized Rep  January  y appeared, Barbara Dor  oresentative for the claims  of lien, and that the same  orn to before me this ZZ-	nahoo who being by me first	or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the

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