

## 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: Jancey Driver of 1338 Whirlaway Circle, AL 35080, against all causes of action, suits, claims, counter claims and demands accruing to the said Jancey Driver 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.

all judgme	ents, settlements	and settlement agreen	nents entered into by virtu	e thereof and on account of such injuries
giving rise	e to such causes	of action, suits, claims	, counter claims, demands	s, judgments, settlements or settlement
agreement	ts and which nec	essitated such hospital	care.	
06448487	4 8791			
An	nount Claimed:	\$20,941.11	Date of Admission:	10/17/2008
Da	te of Injury:	10/17/2008	Date of Discharge:	10/17/2008
representa	s and addresses of tive of such pers e, as follows:	of all persons, firms or son, to be liable for dan	corporations claimed by mages arising from such in	such injured person, or the legal njuries are, to the best of the claimant's
Name:	State F	arm	Name:	
Address: Birmingham AL 35263 C(m#+ 01-489-8992			Address:	
Name:			Name:	
Address:			Address:	
Alabama, is the auth foregoing	personally appearance or ized represent statement of lier	uly Authorized Represe ared, Barbara Donah	a Notary Public in and forms who being by me first and as such has personal true and correct.	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 <sup>th</sup> 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
Notary Public				

Notary Public

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