

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: Nancy Black of 141 Northlake Drive, Birmingham, AL 35246, against all causes of action, suits, claims, counter claims and demands accruing to the said Nancy Black 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	d such hospital care.		
000577167 8800				
Amount Claimed:	\$19,804.95	Date of Admission	n: <u>10/24/2008</u>	
Date of Injury:	10/24/2008	Date of Discharge	: 10/24/2008	
The names and addresses of such person of such pers	of all persons, firms son, to be liable for	s or corporations claimed be damages arising from sucl	by such injured person, on the best	or the legal t of the claimant's
Name:		Name:		
Address:		Address:		
Name:		Name:		·
Address:		Address:		
Before me, Seff Alabama, personally appears to the authorized represent	uly Authorized Repared, Barbara Donative for the claiman, and that the same efore me this	ALABAMA HOSPITAL resentative, UAB/PFS a Notary Public in and ahoo who being by me finant, and as such has person are true and correct. day of	L450, 619 Birmingl for the County of Jeffer rst duly sworn, doth dep al knowledge of the fact	to see and say that she ts set forth in the
	Nota	ary Public		

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Jan 22, 2014 BONDED THRU NOTARY PUBLIC UNDERWRITERS