

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: Maria Muhammad of 333 8th Ave S, Birmingham, AL 35205, against all causes of action, suits, claims, counter claims and demands accruing to the said Maria Muhammad 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	l which necessitate	ed such hospital care.	
064520683 9567			
Amount Claimed:	\$5,554.94	Date of Admission:	03/07/2009
Date of Injury:	03/07/2009	Date of Discharge:	03/07/2009
	_	-	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, Donnally appears the authorized representations.	ared, Barbara Do tative for the claim	nahoo who being by me first	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
	No	tary Public	atman

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 12, 2011 BONDED THRU NOTARY PUBLIC UNDERWRITERS