

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: Bobby Beach of General Delivery, Birmingham, AL 35215, against all causes of action, suits, claims, counter claims and demands accruing to the said Bobby Beach 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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Amount Claimed:	\$26,444.17	Date of Admission:	03/08/2009
Date of Injury:	03/08/2009	Date of Discharge:	03/08/2009
	*	◆	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, Donna S Alabama, personally appersis the authorized represent	J. Sweatman ared, Barbara Dona tative for the claiman	_ a Notary Public in and for hoo_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
		y Public NOTABY BURGET	atrar

NOTARY PUBLIC STATE OF ALABAMA AT LARGE

MY COMMISSION EXPIRES: Sept 12, 2011

BONDED THRU NOTARY PUBLIC UNDERWRITERS