

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: Ed Lamirande of 2708 Shoemaker Steet, Birmingham, AL 35235, against all causes of action, suits, claims, counter claims and demands accruing to the said Ed Lamirande 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:	\$46,328.81	Date of Admission	05/23/2009
Date of Injury:	05/23/2009	Date of Discharge:	05/26/2009
representative of such pers	-	<u>-</u>	such injured person, or the legal injuries are, to the best of the claimant's
knowledge, as follows: Name: \frac{1/0a}{a}	5	Name:	
Address: Bham Al	3540	Address:	
Name: Atta Ketta	Jan letty	Name:	
Address:		Address:	
Before me, <u>Meluin</u> Alabama, personally appears is the authorized representa	D. Cascy ared, Barbara Dona ative for the claimar	thoo who being by me first and as such has persona	Hospital Lien Prepared by: Nikisha Loftin L450, 619 19 th Street South Birmingham, AL 35249 for the County of Jefferson, State of st duly sworn, doth depose and say that she I knowledge of the facts set forth in the
foregoing statement of lier Subscribed and sworn to b			, 2009.
		Pelvin D. Ca. ry Public 11/21/2010	<u> </u>

My Commission Expires