

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: Richard Sadler of 159 Elmwood Drive, Jacksonville, FL 32257, against all causes of action, suits, claims, counter claims and demands accruing to the said Richard Sadler 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.

064556530.9705

Amount Clai	med: \$4,982.00	Date of Admission:	07/23/2009	
Date of Injur	y: <u>07/23/2009</u>	Date of Discharge:	07/23/2009	
	ch person, to be liable for o		ed by such injured person, or the lega such injuries are, to the best of the cla	
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:		
	By: Sarbarz Duly Authorized Repr	esentative, UAB/PFS	L450, 619 19 th Street 8 Birmingham, AL 3	South 5249
Alabama, personally is the authorized replaced for the foregoing statement	y appeared, <u>Barbara' Dona</u>	thoo who being by ment, and as such has personate true and correct.	and for the County of Jefferson, State e first duly sworn, doth depose and sa sonal knowledge of the facts set forth	y that she
		elven D. Cerv Public	sey	

