

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: Shaun Michael Wright of 110 Layport Loop, Lot 4, Shelby, Al 35143, against all causes of action, suits, claims, counter claims and demands accruing to the said Shaun Michael Wright 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.

064557404-9209			
Amount Claimed:	\$35,574.60	Date of Admission:	07/28/2009
	of all persons, firm	• • • • • • • • • • • • • • • • • • •	07/29/2009 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, Meluin Alabama, personally apperis the authorized represent foregoing statement of lies. Subscribed and sworn to be	avery Authorized Repared, Barbara Do tative for the claims of the same person of the chain and that the same person of the chain of the	nahoo who being by me first ant, and as such has personal e are true and correct day of Husus	4

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