

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: <u>James Pearson</u> of <u>3530 Highway 47</u>, Columbiana, AL 35051, against all causes of action, suits, claims, counter claims and demands accruing to the said <u>James Pearson</u> 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.

064560236.9219		
Amount Claimed: \$44,9	84.39 Date of Admission: <u>08/07/2009</u>	
	Date of Discharge: 08/11/2009 ersons, firms or corporations claimed by such injured persons liable for damages arising from such injuries are, to the	
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
By: Duly Aut Before me, Molum D Co Alabama, personally appeared, B is the authorized representative foregoing statement of lien, and the		n depose and say that she
	Molvin Q. Casey Notary Public	<u> </u>
	11/21/2010	

My Commission Expires

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