

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 Cook</u> of <u>315 Cosperbend Road</u>, <u>Childersburg</u>, AL 35044, against all causes of action, suits, claims, counter claims and demands accruing to the said: <u>James Cook</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.

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A	mount Claimed:	\$46,557.26	Date of Admission:	08/23/2009
The nam		of all persons, firms	•	08/26/2009 such injured person, or the legal injuries are, to the best of the claimant's
Name:			Name:	
Address:			Address:	
Name:			Name:	
Address:			Address:	
Alabama is the aut	B De, <u>Meluin</u> , personally appe thorized represent	uly Authorized Representative for the claimann, and that the same perfore me this	ahoo who being by me firsh nt, and as such has personal are true and correct. day of Soptem	
			Molvan D. Casey ry Public	
			11/21/2010	2

My Commission Expires

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