

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

LNB Ste 450, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

## STATE OF ALABAMA SHELBY COUNTY

AMENDED LIEN BOOK: Document#:2009805000299920

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 19<sup>th</sup> 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.

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06455/404-9209, 9/1	2, 9223		
Amount Claim	ed: \$39,333.80	Date of Admission:	07/28/2009, 07/30/2009,08/12/09
	ses of all persons, firms person, to be liable for	or corporations claimed by	07/29/2009, 07/30/2009,08/12/09 such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Alabama, personally a is the authorized repre	By: <u>Barbara Don</u> Duly Authorized Repr  Barbara Don  Sentative for the claima	ahoo who being by me first	Hospital Lien Prepared by: Faye Byrd L450, 619 19 <sup>th</sup> Street South Birmingham, AL 35249  or the County of Jefferson, State of duly sworn, doth depose and say that she knowledge of the facts set forth in the
	Nota	ry Public (	<u>eg</u>
		11/21/20	<i>10</i>

My Commission Expires