

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: Logan Arrowood of 1902 Britton Drive, Valley, AL 36872 against all causes of action, suits, claims, counter claims and demands accruing to the said Logan Arrowood 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	d such hospital care.	
064588031.9828			
Amount Claimed:	\$24,688.30	Date of Admission:	11/23/2009
Date of Injury:	11/23/2009	Date of Discharge:	11/25/2009
			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, She selection By Alabama, personally appearant authorized representative for the selection of the selection between the selection of the selection o	uly Authorized Repartment, Gail Tarver or the claimant, and	who being by me first duly sy	Hospital Lien Prepared by:Colundra McLeod L450, 619 19 th Street South Birmingham, AL 35249 The County of Jefferson, State of worn, doth depose and say that she is the edge of the facts set forth in the 16 Fee 1, 2009.
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BONDED THRU NOTARY PUBLIC UNDERWRITERS