

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: Benjamin A Hubbard of 1376 Co Rd 231, Jemison, AL 35085, against all causes of action, suits, claims, counter claims and demands accruing to the said Benjamin A Hubbard 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.

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. 064590476.9340 Amount Claimed: \$18,350.20 Date of Admission: 12/06/2009 12/07/2009 Date of Injury: 12/06/2009 Date of Discharge: The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: Name: Name: Address: Address: Name: Name: Address: Address: Hospital Lien Prepared by:Colundra McLeod UNIVERSITY OF ALABAMA HOSPITAL L450, 619 19th Street South Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS المحرث على a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Gail Tarver who being by me first duly sworn, doth depose and say that she is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Notary Public

Subscribed and sworn to before me this / day of

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Feb 27, 2012 BONDED THRU NOTARY PUBLIC UNDERWRITERS

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