

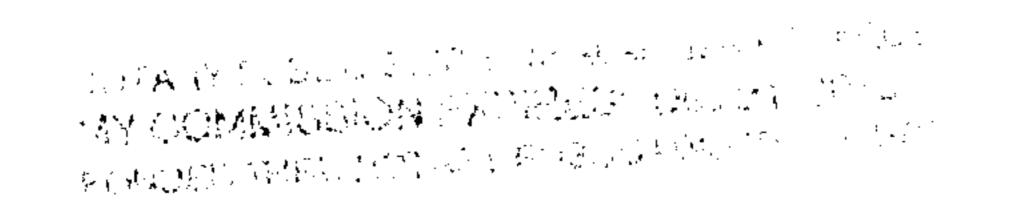
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Joseph T Merrell of 5600 Cruise Road, Adamsville, AL 35005, against all causes of action, suits, claims, counter claims and demands accruing to the said Joseph T Merrell 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.

		•	
064596173.9365			
Amount Claimed:	\$37,283.20	Date of Admission:	01/01/2010
Date of Injury:	01/01/2010	Date of Discharge:	01/02/2010
		-	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	<u> </u>
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, DUMA Alabama, personally appe	ared, Gail Tarver who for the claimant, and as	ntative, UAB/PFS a Notary Public in and for being by me first duly so such has personal know	Hospital Lien Prepared by:Colundra McLeo L450, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of sworn, doth depose and say that she is the ledge of the facts set forth in the
	Cold Notary	ena 4000 Public	Leod



1854