

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

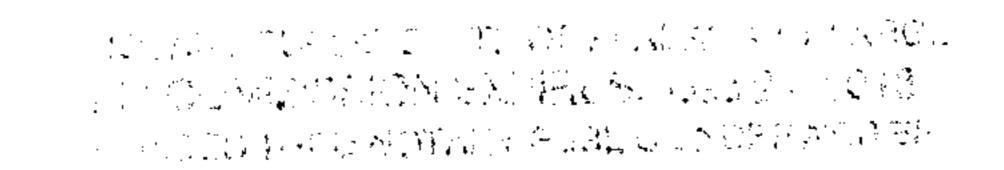
LNB Ste 450, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

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: Frankie Nabors of 690 Brook Haven Dr, Odenville, AL 35120, against all causes of action, suits, claims, counter claims and demands accruing to the said Frankie Nabors 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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An	ount Claimed:	\$157,753.06	Date of Admission:	12/17/2009	
Dat	te of Injury:	12/17/2009	Date of Discharge:	12/31/2009	
representat		•	_	such injured person, or the legal njuries are, to the best of the claimant's	3
Name:			Name:		
Address:			Address:		
Name:			Name:		
Address:			Address:		
Alabama, pauthorized	B D Dersonally appeared representative for	ally Authorized Representation of the claimant, and that the same efore me this	who being by me first duly so day such has personal knowledge true and correct. day of		
		Nota	ry Public		



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