

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: Linda Swain of 233 Flucker St, Sylacauga, AL 35150, against all causes of action, suits, claims, counter claims and demands accruing to the said Linda Swain or her 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.

giving rise to such causes	of action, suits, clair	ms, counter claims, demands	s, judgments, settlements or settlement
agreements and which ne	cessitated such hosp	ital care.	
064608044.0048			
Amount Claimed:	\$29,071.88	Date of Admission:	02/17/2010
Date of Injury:	02/17/2010	Date of Discharge:	02/19/2010
			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, Mullister Alabama, personally appearantive	ouly Authorized Representation of the claimant, and that the same before me this	a Notary Public in and for who being by me first duly so as such has personal know are true and correct. day ofday of	
		undra Ma	1200

Notary Public