

## .NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

Shelby Cnty Judge of Probate, AL 03/22/2010 02:17:04 PM FILED/CERT

LNB Ste 450, 619 19<sup>th</sup> 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 19<sup>th</sup> 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: Crystal Lee of 1642 16<sup>th</sup> Ct NW, Childersburg, AL 35044, against all causes of action, suits, claims, counter claims and demands accruing to the said Crystal Lee 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.

064612993.0066			
Amount Claime	d: \$100,402.10	Date of Admission:	03/07/2010
Date of Injury:	03/07/2010	Date of Discharge:	03/15/2010
	erson, to be liable for da	<del>-</del>	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
authorized representativ	e for the claimant, and a	entative, UAB/PFS  a Notary Public in and form to being by me first duly s	Hospital Lien Prepared by:Colundra McLeod L450, 619 19 <sup>th</sup> Street South Birmingham, AL 35249  or the County of Jefferson, State of tworn, doth depose and say that she is the ledge of the facts set forth in the, 2010.
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**Notary Public** 

