

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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 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: Greg Vernon of 3398 W Ashby Rd, Brierfield, AL 35035, against all causes of action, suits, claims, counter claims and demands accruing to the said Greg Vernon 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.

064590332.9839			
Amount Claimed	l: \$17,746.70	Date of Admission:	12/04/2009
Date of Injury:	12/04/2009	Date of Discharge:	12/04/2009
	<b>.</b>	<u>-</u>	such injured person, or the legal injuries are, to the best of the claimant's
Name:	<u> </u>	Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, MMMA Alabama, personally appauthorized representative	By: Duly Authorized Rep ceared, Gail Tarver e for the claimant, and ien, and that the same before me this	who being by me first duly s	Hospital Lien Prepared by:Colundra McLe L450, 619 19 <sup>th</sup> 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
		THE PLANTS AND	

