

## 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 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: Zinet Sahin of 675 Forrest Lake, Sterrett, Al 35147, against all causes of action, suits, claims, counter claims and demands accruing to the said Zinet Sahin 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.

Amount Claimed: \$5,686.37 Date of Admission: 04/05/2010

Date of Injury: 04/05/2010 Date of Discharge: 04/05/2010

The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows:

representative of suc knowledge, as follow	person, to be hable for damages arising from such injuries are, to the best of the claimant's
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
authorized represent	UNIVERSITY OF ALABAMA HOSPITAL  By:  Duly Authorized Representative, UAB/PFS  a Notary Public in and for the County of Jefferson, State of ppeared, Gail Tarver who being by me first duly sworn, doth depose and say that she is the ve for the claimant, and as such has personal knowledge of the facts set forth in the lien, and that the same are true and correct. to before me this

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Notary Public

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