

.NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

Shelby Cnty Judge of Probate, AL 05/10/2010 10:12:23 AM FILED/CERT

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: Corey Scruggs of 151 Mangrove Dr, Alabaster, AL 35007, against all causes of action, suits, claims, counter claims and demands accruing to the said Corey Scruggs 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.

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Amount Claimed:	\$25,064.00	Date of Admission:	05/03/2010
Date of Injury:	05/03/2010	Date of Discharge:	05/04/2010
	-	_	such injured person, or the legal injuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me. Mulium Alabama, personally appear	ared, Gail Tarver work or the claimant, and	A Notary Public in and for ho being by me first duly says such has personal know	Hospital Lien Prepared by:Colundra McLeon L450, 619 19 th 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 , 2010.
		MACA M y Public	Med

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Dec 21, 2013 BONDED THRU NOTARY PUBLIC UNDERWRITERS

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