

.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: <u>Joseph McCool</u> of <u>36 Oakdell Dr, Montevallo, AL 35115</u>, against all causes of action, suits, claims, counter claims and demands accruing to the said <u>Joseph McCool</u> 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.

settlement agreements and	which necessitated s	such hospital care.	
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Amount Claimed:	\$17,447.98	Date of Admission:	05/08/2010
Date of Injury:	05/08/2010	Date of Discharge:	05/09/2010
	•	-	such injured person, or the legal njuries are, to the best of the claimant's
Name:	<u> </u>	Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me MMMA Alabama, personally appear authorized representative for	uly Authorized Repre- ared, Gail Tarver with for the claimant, and	_ a Notary Public in and for ho being by me first duly so as such has personal know	Hospital Lien Prepared by:Colundra McLeod JT720, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of worn, doth depose and say that she is the ledge of the facts set forth in the
foregoing statement of lier Subscribed and sworn to b	efore me this	day of	
		v Public	ed

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