

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 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: Betty Mallory of 350 Co Rd 454, Clanton, AL 35045, against all causes of action, suits, claims, counter claims and demands accruing to the said Betty Mallory 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.

agreements and which r	necessitated such hospi	ital care.	
064623540.0105			
Amount Claime	d: \$592,110.91	Date of Admission:	04/15/2010
Date of Injury:	04/15/2010	Date of Discharge:	05/20/2010
	erson, to be liable for	-	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	By: Duly Authorized Representation of the Claimant, and	a Notary Public in and for who being by me first duly s	Hospital Lien Prepared by:Colundra McLeo JT 720, 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.
		unal Wheelery Public	20d

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