

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 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, JT 720, 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: Ralph Kimble of 530 Hwy 83, Harpersville, AL 35078, against all causes of action, suits, claims, counter claims and demands accruing to the said Ralph Kimble 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.

agreements and which ne	cessitated such hos	pital care.	
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Amount Claimed:	\$19,589.09	Date of Admission:	07/13/2010
Date of Injury:	07/13/2010	Date of Discharge:	07/14/2010
	<b>~</b>		such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, OWW Alabama, personally appeauthorized representative	July Authorized Repared, Gail Tarver for the claimant, and	who being by me first duly s	Hospital Lien Prepared by:Colundra McLeod JT 720, 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
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MY COMMESSION EXPIRES: Dec 21, 2018
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