20100726000237170 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 07/26/2010 12:35:40 PM FILED/CERT

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: Maurice Braxton of 405 Summer Chase Dr, Birmingham, AL 35244, against all causes of action, suits, claims, counter claims and demands accruing to the said Maurice Braxton 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.

on account of such injurie	s giving rise to such	causes of action, suits, clain	ns, counter claims, demands, judgment	ts,
settlements or settlement a	agreements and whicl	necessitated such hospital	l care.	
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Amount Claimed:	\$425,029.42	Date of Admission:	06/28/2010	
Date of Injury:	06/28/2010	Date of Discharge:	07/15/2010	
	•	•	such injured person, or the legal njuries are, to the best of the claimant's	S
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:	· · · · · · · · · · · · · · · · · · ·	
Before me DUDAL Alabama, personally appearuthorized representative	ared, Gail Tarver we for the claimant, and that the same a sefore me this	a Notary Public in and for ho being by me first duly sas such has personal knowledge true and correct. I day of		
	Notar	y Public	Mueod	

MY COMMISSION EXPIRES Dec 21, 2018