Shelby Cnty Judge of Probate, AL 08/19/2010 10:28:46 AM 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: Steven Clem of 225 Clear Springs Rd, Lincoln, AL 35096, against all causes of action, suits, claims, counter claims and demands accruing to the said Steven Clem 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

greements and which nec	essitated such hospi	ital care.		
064657073.0228				
Amount Claimed:	\$4,625.00	Date of Admission:	08/16/2010	
Date of Injury:	08/16/2010	Date of Discharge:	08/16/2010	
The names and addresses epresentative of such personwelledge, as follows:	of all persons, firms son, to be liable for	or corporations claimed by damages arising from such	such injured person, or the injuries are, to the best of	he legal the claimant's
Name:		Name:		
Address:		Address:		
Name:		Name:		
Address:		Address:		
Before me, <u>OWW</u> Alabama, personally appeauthorized representative	ared, Gail Tarver for the claimant, and	resentative, UAB/PFS a Notary Public in and f who being by me first duly d as such has personal know are true and correct day of	Birminghan or the County of Jefferso sworn, doth depose and so yledge of the facts set for	n, AL 35249 n, State of say that she is the
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		ary Public		
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NOTIFICATION OF ALCOHOLOGICAL THY OKNAMISEROM EXPIRES: Dec 21, 2010 THE THE PROPERTY OF THE PARTY O