

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: Jim Robertson of 3690 Guyton Rd, Birmingham, AL 35244, against all causes of action, suits, claims, counter claims and demands accruing to the said Jim Robertson 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 suc	h causes of action,	suits, claims, counter claims,	demands, judgments, settlements or
settlement agreements an	d which necessitate	ed such hospital care.	
064722381.1099			
Amount Claimed:	\$25,392.13	Date of Admission:	04/09/2011
Date of Injury:	04/09/2011	Date of Discharge:	04/09/2011
	_	-	such injured person, or the legal njuries are, to the best of the claimant's
		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, WWWW Alabama, personally appetite authorized representations	July Authorized Repared, Stacy Hanse ive for the claiman	en who being by me first duly it, and as such has personal kn	Hospital Lien Prepared by:Colundra McLeod 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 owledge of the facts set forth in the
Subscribed and sworn to	n, and that the sam before me this	day of	, 2011.
		Dundra M	Ulla
	Not	tary Public	

Mutary Fublic

MOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Dec 21, 2013 CONDED THRU NOTARY PUBLIC UNDERWRITER!