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

20110701000192540 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 07/01/2011 02:55:32 PM FILED/CERT

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: Alejand Tizanado-Martinez of 41 Green Park S, Pelham, AL 35124, against all causes of action, suits, claims, counter claims and demands accruing to the said Alejand Tizanado-Martinez or his/hers 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.

064736020.1148 Date of Admission: 05/28/2011 Amount Claimed: \$12,630.00 Date of Discharge: 05/28/2011 05/28/2011 Date of Injury: The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: Name: Name: Address: Address: Name: Name:

Address:	Address:	
	UNIVERSITY OF ALABAMA HOSPITAL By: Duly Authorized Representative, UAB/PFS	Hospital Lien Prepared by:Colundra McLeod JT 720, 619 19 th Street South Birmingham, AL 35249

Notary Public

MY COMMISSION EXPIRES: Dec 21, 2013
BONDED THRU NOTARY PUBLIC UNDER AVAILABLE