

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: Thomas Boone of 804 Barristers Court, Birmingham, AL 35242, against all causes of action, suits, claims, counter claims and demands accruing to the said Kimberly Boone 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.

on accoun	t of such injuries	s giving rise to such	causes of action, suits, clair	ns, counter claims, demands, judgments,
settlement	ts or settlement a	greements and which	h necessitated such hospital	care.
06474541	5.1183			
Amount Claimed:		\$52,775.36	Date of Admission:	07/02/2011
Date of Injury:		07/02/2011	Date of Discharge:	07/05/2011
representa	s and addresses of tive of such personal e, as follows:	of all persons, firms son, to be liable for d	or corporations claimed by lamages arising from such i	such injured person, or the legal njuries are, to the best of the claimant's
Name:	Ampac Insurance Clm# 01S2SJ159 1949 East Sunshine St		Name:	
Address:	Springfield MO 65899		Address:	
Name:			Name:	
Address:			Address:	
Alabama, the author	e, <u>UM</u> (<u>A</u>) personally apperized representation	ared, Thomas Elme ive for the claimant, and that the same before me this	s who being by me first dul	

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMESION EXPIRES: Dec 21, 2013
BONDED THRU NOTARY PUBLIC UNDERWRITERS