

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

Shelby Cnty Judge of Probate, AL 12/19/2011 03:46:49 PM FILED/CERT

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: Robert Fulghan of 25 Co Rd 872, Montavello, AL 35115, against all causes of action, suits, claims, counter claims and demands accruing to the said Robert Fulghan 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 ar	nd which necessitated	d such hospital care.	
064284143.1341			
Amount Claimed	1: \$16,911.93	Date of Admission:	12/07/2011
Date of Injury:	12/07/2011	Date of Discharge:	12/07/2011
The names and addresse representative of such per knowledge, as follows:	s of all persons, firm erson, to be liable for	s or corporations claimed by damages arising from such in	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, <u>QUI</u> Alabama, personally app the authorized represent	Duly Authorized Reposer For the claiman	<u>ies</u> who being by me first dul	Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19 th Street South Birmingham, AL 35249 or the County of Jefferson, State of y sworn, doth depose and say that she is nowledge of the facts set forth in the
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	Not	AND PARTIE OF ALABAM	A Company of the comp

MY COMMISSION EXPIRES Den 21, 2013

BONDED THRU NUTARY PROBLEM INTERIOR TON