## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

01/09/2012 12:04:33 PM FILED/CERT

JT Ste 720, 619 19<sup>th</sup> 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: Brian Rhodes of 3205 Co Rd 33, Calera, AL 35040, against all causes of action, suits, claims, counter claims and demands accruing to the said Brian Rhodes 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 cause	s of action, suits, cla	ims, counter claims, demands	s, judgments, settlements or settlement
agreements and which n	ecessitated such hosp	oital care.	
000497981.1363			
Amount Claimed	1: \$21,343.89	Date of Admission:	12/30/2011
Date of Injury:	12/29/2011	Date of Discharge:	12/31/2011
	• • • • • • • • • • • • • • • • • • •	<del>-</del>	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>Q</u> <u>Q</u> <u>Q</u> <u>M</u> Alabama, personally appeted the authorized represent	Duly Authorized Reposition of Companies and that the same before me this	<u>res</u> who being by me first dul	Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19 <sup>th</sup> 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
	Not	ary Public	

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