## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

Shelby Cnty Judge of Probate, AL 03/13/2012 09:37:18 AM FILED/CERT

2012.

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 19<sup>th</sup> 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: Jordan Partin of P.O.Box 506, Jemison, AL 35085, against all causes of action, suits, claims, counter claims and demands accruing to the said Jordan Partin or his/hers legal representative, and against giving rise to such causes of action, suits, claims, counter claims, demands, judgments, settlements or settlement

all judgments, settlements and settlement agreements entered into by virtue thereof and on account of such injuries agreements and which necessitated such hospital care. 064808928.2062 Date of Admission: 03/02/2012 Amount Claimed: \$17,853.14 Date of Discharge: 03/03/2012 03/02/2012 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 Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19th Street South MAN By: Birmingham, AL 35249 Duly Authorized Representative, UAB/PFS a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Thomas Elmes who being by me first duly sworn, doth depose and say that she/he is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ day of \_\_\_\_\_\_

Notary Public

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