

## 20120323000100820 1/1 \$12.00 Shelby Cnty Judge of Probate, AL 03/23/2012 11:50:07 AM FILED/CERT

## 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

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: Lunease Shell of 198 Kelly Lane, Sylacauga, AL 35151, against all causes of action, suits, claims, counter claims and demands accruing to the said Lunease Shell 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.

settlement agreements and which necessit	ated such hospital care.
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Amount Claimed: \$16,328.66	Date of Admission: 03/15/2012
Date of Injury: 03/15/2012	Date of Discharge: 03/15/2012
<del>-</del>	irms or corporations claimed by such injured person, or the legal for damages arising from such injuries are, to the best of the claimant's
Name:	Name:
Address:	Address:
Name:	Name:
Address:	Address:
Before me, Malabama, personally appeared, Thomas I	Hospital Lien Prepared by:Colundra McLeo JT 720, 619 19 <sup>th</sup> Street South Birmingham, AL 35249  A Notary Public in and for the County of Jefferson, State of Elmes who being by me first duly sworn, doth depose and say that she/he aimant, and as such has personal knowledge of the facts set forth in the ame are true and correct.  day of
	Notary Public

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