

NOTICE OF HOSPITAL LIEN 07/16/2012 02:15:25 PM FILED/CERT 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: April Barnett of 51 Hwy 408, Shelby, AL 35143, against all causes of action, suits, claims, counter claims and demands accruing to the said April Barnett 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.

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Amount Claimed:	\$37,419.84	Date of Admission:	07/05/2012
Date of Injury:	07/05/2012	Date of Discharge:	07/07/2012
			such injured person, or the legal injuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, <u>WWW</u> Alabama, personally appea	ared, Thomas Elmes ative for the claimant, and that the same are before me this	who being by me first du and as such has personal	Hospital Lien Prepared by: Colundra McLeod JT 720, 619 19 th Street South Birmingham, AL 35249 For the County of Jefferson, State of ly sworn, doth depose and say that she/he knowledge of the facts set forth in the

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