

NOTICE OF HOSPITAL LIEN 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: Robert Aaron Fields of 2027 Kerry Circle, Calera, AL 35040, against all causes of action, suits, claims, counter claims and demands accruing to the said Robert Aaron Fields 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 whi	ich necessitated such hospital	care.
064874109-2308			
Amount Claimed:	\$108,126.62	Date of Admission:	11/03/2012
Date of Injury:	11/03/2012	Date of Discharge:	11/11/2012
The names and addresses representative of such per knowledge, as follows:	of all persons, firms son, to be liable for	s or corporations claimed by damages arising from such i	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	<u> </u>
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, <u>Ulabama</u> , personally appears the authorized represen	eared, Thomas Elm tative for the claims	a Notary Public in and forms who being by me first dulant, and as such has personal day of	Hospital Lien Prepared by: Linda Allen 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/he knowledge of the facts set forth in the

Notary Public notary public state of Alabama at Large MY COMMISSION EXPIRES: Sept 30, 2015

BONDED THRU NOTARY PUBLIC UNDERWRITERS