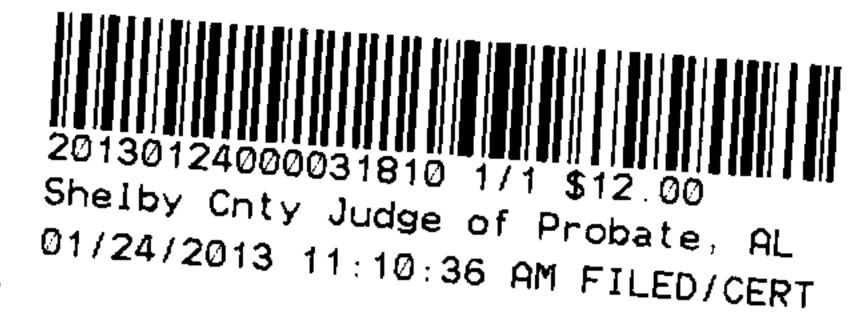
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL



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: David L Phelps of 1056 7<sup>th</sup> Avenue SW, Alabaster, AL 35007 against all causes of action, suits, claims, counter claims and demands accruing to the said David L Phelps 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.

settlements or settlemen	t agreements and whi	ch necessitated such hospital	care.
064887998-3004			
Amount Claimed	d: \$93,204.08	Date of Admission:	01/04/2013
Date of Injury:	01/04/2013	Date of Discharge:	01/08/2013
	•	- · · · · · · · · · · · · · · · · · · ·	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>Ou</u> Alabama, personally ap is the authorized represe	peared, Thomas Elmentative for the claimation, and that the same before me this	es who being by me first duly	

CONTRACTOR IN CO

**Notary Public** 

NOTARY PUBLIC STATE OF ALABAMA AT LARGE

BONDED THRU NOTARY PUBLIC UNDERWRITERS

MY COMMISSION EXPIRES: Sept 30, 2015