NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20130124000031820 1/1 \$12.00 Shelby Crist Indeed

JT Ste 720, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

Shelby Cnty Judge of Probate, AL 01/24/2013 11:10:37 AM FILED/CERT

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: Auguster Meadows of 7426 Frisco Avenue Apt 222, Leeds, AL 35094 against all causes of action, suits, claims, counter claims and demands accruing to the said Auguster Meadows 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.

064596313-30	09					
Amoun	nt Claimed:	\$9,436.04	Date of A	dmission:	01/09/2013	
Date of	f Injury:	01/09/2013	Date of D	ischarge:	01/09/2013	
	of such pers				such injured person, or the leg njuries are, to the best of the c	
Name:			Name:			
Address:			Address:			
Name:			Name:			
Address:			Address:	· · · · · · · · · · · · · · · · · · ·		
Alabama, pers is the authorize	conally appeared represent	Thomas ative for the class and that the seriore me this	Elmes who being by naimant, and as such has same are frue and correctly day of	ic in and former first duly spersonal leads	Hospital Lien Prepared by JT 720, 619 19 th Street Birmingham, AL reference of Jefferson, Stay sworn, doth depose and say knowledge of the facts set for 2013.	et South 35249 te of that she/he

MY COMMISSION EXPIRES: Sept 30, 2018

BONDED THRU NOTARY PUBLIC UNDERWAITERS

6809