20130312000102400 1/1 \$12.00

NOTICE OF HOSPITAL LIEN Shelby Cnty Judge of Probate, AL UNIVERSITY OF ALABAMA HOSPITAL 03/12/2013 11:41:02 AM FILED/CERT

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

STATE OF ALABAMA SHELBY COUNTY

AMENDED LIEN: Book 20130212000047570 Page 1

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 Edward George Abraham of 601 Emerald Trace Circle, Chelsea, AL 35043 against all causes of action, suits, claims, counter claims and demands accruing to the said Edward George Abraham 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. 064887481-2366, 3029, 3045, 3050

Amount Claimed:	\$454,413.77	Date of Admission:	12/31/2012,01/29/2013, 02/14/2013, 02/19/2013		
Date of Injury:	12/31/2013	Date of Discharge:	01/18/2013, 02/	2/04/2013, 02/14/2013, 02/21/2013	
	ch person, to be l	ons, firms or corporation liable for damages arisin		-	_
Name:	<u></u>	Name:		.	
Address:		Address:		· · · · · · · · · · · · · · · · · · ·	
Name:		Name:			•
Address:		Address:			-
	-	TY OF ALABAMA H		·	ared by: Linda Aller 9 th Street South m, AL 35249
is the authorized rep	y appeared, Thorpresentative for the	a Notary Pumas Elmes who being by the claimant, and as such the same are true and countriesday of	y me first duly sw has personal kno	•	d say that she/he
			0		

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 30, 2015 BONDED THRU NOTARY PUBLIC UNDERWRITERS