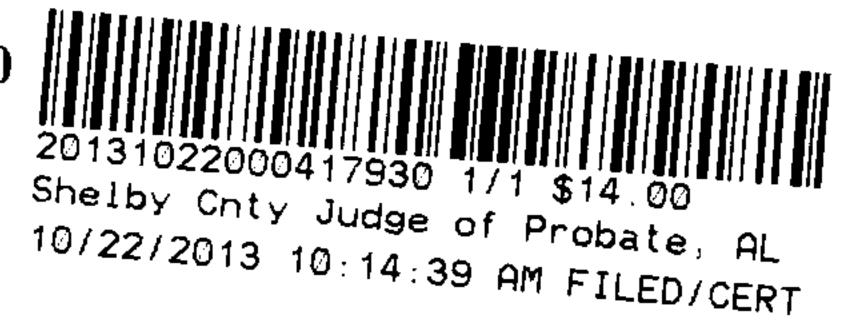
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

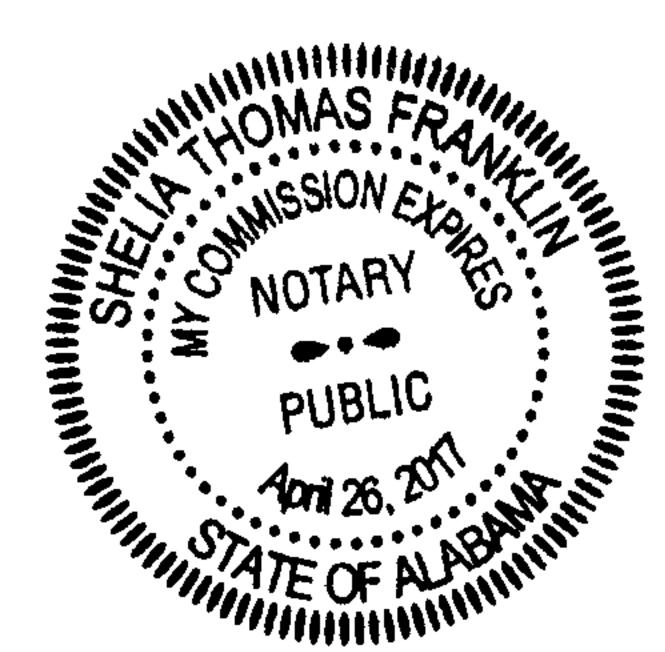
JT Ste 720, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405



## 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 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: Brydal J Carnes of 4064 McClendon Chapel Road, Bessemer, AL 35022 against all causes of action, suits, claims, counter claims and demands accruing to the said Brydal J Carnes or his/her 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 se	ettlement agreements an	d which necessitate	d such hospital care	€.	
064957670-328	1				
	Amount Claimed:	\$ 83,714.00	Date of Admission	n: <u>10/08/2013</u>	
	Date of Injury:	10/08/2013	Date of Discharg	e: <u>10/12/2013</u>	
	f such person, to be liab	<del>-</del>		injured person, or the legal les are, to the best of the claim	ant's
Name:		Name:			
Address:		Address:			
Name:		Name:			
Address:		Address	•		
	UNIVERSITY By: Duly Authorize	OF ALABAMA I	HOSPITAL AB/PFS	Hospital Lien Prepared by: Lin JT 720, 619 19 <sup>th</sup> Street Sou Birmingham, AL 3524	uth
Alabama, person is the authorized foregoing statem	nally appeared, Thomas	Elmes who being claimant, and as suce same are true and o	by me first duly sw h has personal know correct.	County of Jefferson, State of orn, doth depose and say that wledge of the facts set forth in, 2013.	she/he
WILL WAS	S FRANKING NEKOLALA	Motory Public	Thomas E	Franklin	



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