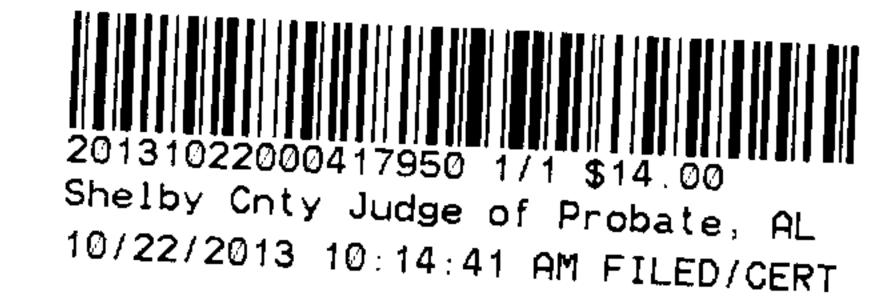
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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: Sandra Garcia of 907 Mansard Drive Apt 308, Birmingham, AL 35209 against all causes of action, suits, claims, counter claims and demands accruing to the said Sandra Garcia 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 settlement agreements and which necessitated such hospital care.

on account of suc	ch injuries giving rise to	such causes of acti	ion, suits, claims, cou	nter claims, demands, judgments,
settlements or set	ttlement agreements and	which necessitated	d such hospital care.	
064952445-3266	,)			
	Amount Claimed:	65,802.92	Date of Admission:	09/23/2013
	Date of Injury:	09/16/2013	Date of Discharge:	10/14/2013
	such person, to be liable			jured person, or the legal are, to the best of the claimant's
Name:		Name:		
Address:		Address:		······································
Name:		Name:		
Address:		Address:		
	UNIVERSIFY By: Duly Authorized	OF ALABAMA Representative, UA	OSPITAL B/PFS	Hospital Lien Prepared by: Linda Allen JT 720, 619 19 th Street South Birmingham, AL 35249
Alabama, person is the authorized foregoing statem	representative for the clant of lien, and that the sworn to before me this	Elmes who being laimant, and as such same are true and conditions of the same are true.	by me first duly sword h has personal knowle correct.	

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