

NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20131029000427020 171 \$14.00 Shelby Cnty Judge of Probate, AL 10/29/2013 10:48:34 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

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: Leighla Ward of 100 White Circle Apt 57, Shelby, AL 35143 against all causes of action, suits, claims, counter claims and demands accruing to the said Leighla Ward 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.

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			ements entered into by		
such injuries giving	g rise to such causes of	f action, suits, clai	ims, counter claims, de	mands, judgments	s, settlements or
settlement agreeme	ents and which necessi	tated such hospita	al care.		
064959588-3288					
-	Amount Claimed:	\$ 76,835.00	Date of Admission:	10/15/2013	
	Date of Injury:	10/15/2013	Date of Discharge:	10/19/2013	
The names and addrepresentative of suknowledge, as follows:	uch person, to be liable	firms or corporations of the fordamages arised	ons claimed by such ing sing from such injuries	jured person, or that are, to the best of	he legal the claimant's
Name:		Name:		<u> </u>	
Address:		Address	S: **		
Name:		Name:			
Address:		Address	S:		
is the authorized reforegoing statemen	Duly Authorized Leave Land Land Land Land Land Land Land Land	Elmes who being aimant, and as sugard same are true and	JAB/PFS Public in and for the Control of the Contr	n, doth depose and	th Street South n, AL 35249 n, State of d say that she/he