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: Willa D Yeager of 331 Concord Drive East, Danville, IN 46122, against all causes of action, suits, claims, counter claims and demands accruing to the said Willa D Yeager 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.

Date of Admission:

11/30/2013

064972725-3333

Amount Claimed: \$23,519.48

knowledge, as follows: Name:	Name:	· · · · · · · · · · · · · · · · · · ·
Address:	Address:	
Name:	Name:	
Address:	Address:	
	XERSITY OF ALABAMA HOSPITAL CHARACTER Authorized Representative, UAB/PFS	Hospital Lien Prepared by:Linda Allen JT 720, 619 19 th Street South Birmingham, AL 35249
Alabama, personally appeared she/he is the authorized representation of lies.	mas Franklin a Notary Public in and for d, Colundra McLeod who being by me first d sentative for the claimant, and as such has person, and that the same are true and correct. The me this day of	uly sworn, doth depose and say that sonal knowledge of the facts set forth in

Sheka Thomas Frankl:

Notary Public

12/09/2013 02:51:57 PM FILED/CERT