NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

20140707000205400 1/1 \$14.00 Shelby Cnty Judge of Probate, AL 07/07/2014 03:58:11 PM FILED/CERT

POB 308, 1222 14th Ave 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, POB 308, 1222 14th Ave S., Birmingham, AL 35205, 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: Bella Megume Harris of 149 Man Grove Drive, Alabaster, Al 35007, against all causes of action, suits, claims, counter claims and demands accruing to the said Bella Megume Harris 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.

065009727-4118, 4129, 4138 Amount Claimed: \$11,297.96 Date of Admission: 04/28/2014, 05/14/2014, 05/23/2014 04/30/2014, 05/14/2014, 05/23/2014 Date of Discharge: Date of Injury: 04/28/2014 The names and addresses of all persons, firms or corporations claimed by such injured person, or the legal representative of such person, to be liable for damages arising from such injuries are, to the best of the claimant's knowledge, as follows: Name: Name: Address: Address: Name: Name: Address: Address:

UNIVERSITY OF ALABAMA HOSPITAL

By: UNIVERSITY OF ALABAMA HOSPITAL

Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Linda Allen JT 720, 619 19th Street South Birmingham, AL 35249

Notary Public