NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 1222 14th Ave S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Shelby Cnty Judge of Probate: AL

07/07/2014 03:58:14 PM FILED/CERT

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: Meagan Grimes of 4939 Hwy 39, Cardiff, AL 35041, against all causes of action, suits, claims, counter claims and demands accruing to the said Meagan Grimes 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.

065024680-4174				
	Amount Claimed:	\$67,279.00	Date of Admission:	06/23/2014
	Date of Injury:	06/23/2014	Date of Discharge:	06/25/2014
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:		Na	me:	
Address:		Ad	ldress:	
Name:		Na	me:	
Address:		Ad	ldress:	
		TY OF ALABA Wized Representat	Wed	pital Lien Prepared by: Linda Allen JT 720, 619 19 th Street South Birmingham, AL 35249
Alabama, person he/she is the auth the foregoing sta	ally appeared, Colu	ndra Mcleod where for the claimant the same are	true and correct.	
		Notary Pub	2 Thomas Jon lic	HOMAS FORMISSION ET STATE ON NOTARY

PUBLIC