NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

10/14/2014 11:24:47 AM FILED/CERT

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, LNB 450, 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: Lonnie Norris of 235 Wild Cherry Drive, Alto, GA 30510 against all causes of action, suits, claims, counter claims and demands accruing to the said Lonnie Norris or 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.

settlement agreements and which nece	essitated such hospital care.	
065051997-4265		
Amount Claimed: \$20,251.00	Date of Admission: 09	/22/2014
Date of Injury: 09/22/201	Date of Discharge: 09	/22/2014
•	ons, firms or corporations claimed by such injuriable for damages arising from such injur	
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	······································
By: Duly Authori Before me, Alabama, personally appeared, Colur	TY OF ALABAMA HOSPITAL ized Representative, UAB/PFS a Notary Public in and for the ndra McLeod who being by me first due to the claimant, and as such has personal	·
foregoing statement of lien, and that t	-	
20141014000323670 1/1 \$14.00 Shelby Cnty Judge of Probate, AL	Notary Public	NOTARY BEST ON A 2017

11075