


**NOTICE OF HOSPITAL LIEN**  
**UNIVERSITY OF ALABAMA HOSPITAL**  
POB 308, 619 19<sup>th</sup> ST. S., Birmingham, AL 35249-6510  
1-888-309-8435 or 934-6405

  
20141113000357690 1/1 \$14.00  
Shelby Cnty Judge of Probate, AL  
11/13/2014 10:51:30 AM FILED/CERT

**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, **LNB 450, 619 19<sup>th</sup> 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: Justin D Ryan of 258 Henderson Rd, Decatur, AL 35603 against all causes of action, suits, claims, counter claims and demands accruing to the said Justin D Ryan 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.

065060054-4292

Amount Claimed: \$106,730.00

Date of Admission: 10/19/2014

Date of Injury: 10/19/2014

Date of Discharge: 10/25/2014

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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**UNIVERSITY OF ALABAMA HOSPITAL**

By: Colundra McLeod

Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Linda Allen

POB 308, 619 19<sup>th</sup> Street South

Birmingham, AL 35249

Before me, Harriet H. Bly a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, Colundra McLeod who being by me first duly sworn, doth depose and say that she is the authorized representative for the claimant, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

Subscribed and sworn to before me this 29<sup>th</sup> day of October, 2014.

Harriet H. Bly  
Notary Public

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
MY COMMISSION EXPIRES: Sept 30, 2015  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

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