NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308 1222 14th Ave. S., Birmingham, AL 35205 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 ST. 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: Carla Roegner of 37 Pineway Rd, Harpersville, AL 35078, against all causes of action, suits, claims, counter claims and demands accruing to the said Carla Roegner or his 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.

061426573-4310

Amount Claimed: \$9,	745.00 Date of Ad	lmission: 11/06/2014
Date of Injury: 11/	06/2014 Date of Dis	scharge: <u>11/06/2014</u>
The names and addresses of all representative of such person, knowledge, as follows:	l persons, firms or corporations cla to be liable for damages arising fro	aimed by such injured person, or the legal om such injuries are, to the best of the claimant's
Name:	Name:	
Address:	Address:	
Name:	Name:	
Address:	Address:	
Before me, Alabama, personally appeared	, Colundra McLeod who being b	Birmingham, AL 35205 c in and for the County of Jefferson, State of by me first duly sworn, doth depose and say that she
foregoing statement of lien, an	ed that the same are true and correct	
Subscribed and sworn to before	The methis $\frac{1}{2}$ day of $\frac{1}{2}$	Conemb , 2014. Conemb , 2014. NOTARY DE

Notary Public

20141117000362350 1/1 \$14.00 Shelby Cnty Judge of Probate, AL 11/17/2014 02:40:40 PM FILED/CERT

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