

Shelby Cnty Judge of Probate, AL 01/09/2015 02:00:06 PM FILED/CERT

## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

## STATE OF ALABAMA SHELBY COUNTY

AMENDED LIEN BOOK: 20141028000339830 PAGE:1

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: Rhonda Green of 550 Hwy 270 Lot 7, Maylene, Al. 35114, against all causes of action, suits, claims, counter claims and demands accruing to the said Rhonda Green 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 ca	auses of action,	suits, claims, counter	claims, demands, judgments, settlements or
settlement agreements and which necessitated such hospital care.			
065043041-4234, 4252, 4305, 4330, 4344			
Amount Claimed:	\$88,575.50	Date of Admission:	08/23/2014, 09/26/2014,11/01/2014, 12/01/2014, 12/15/2014
Date of Injury:	08/22/2014	Date of Discharge:	08/24/2014, 09/27/2014, 11/01/2014, 12/01/2014, 12/01/2014, 12/15/2014
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:	
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Hospital Lien Prepared by: Michelle Brogdon POB 308, 1222 14<sup>th</sup> Ave South Birmingham, AL 35249

Duly Authorized, Representative, UAB/PFS

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

Subscribed and sworn to before me this \_\_\_\_\_day of