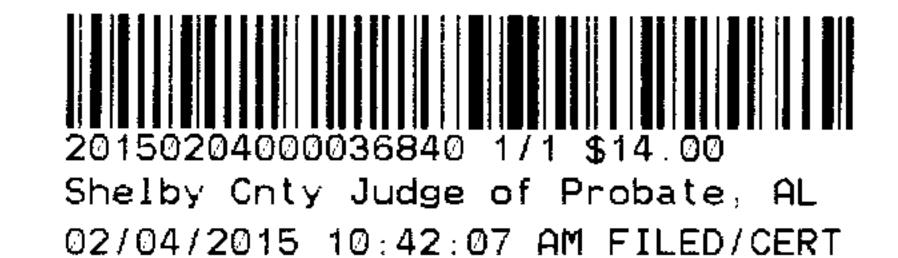
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308 1222 14<sup>th</sup> Ave. S., Birmingham, AL 35205 1-888-309-8435 or 934-6400



## 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 14<sup>th</sup> 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 Mcdonald Norwood of P.O. Box 154, Harpersville, AL 35078, against all causes of action, suits, claims, counter claims and demands accruing to the said Mcdonald Norwood 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.

settlements or settlement agreements and which necessitated such hospital care.	
065083354-5017	
Amount Claimed: \$86,188.00	Date of Admission: 01/18/2015
Date of Injury: 01/18/2015	Date of Discharge: 01/20/2015
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:  Duly Authorized Representative, UAB/PFS  Before me,  Alabama, personally appeared, Columdra 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  Alabama, personally appeared, Columdra 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	
Notary Public  NOTARY PUBLIC STATE OF ALABAMA AT LARGE	

MY COMMISSION EXPIRES: Sopt 30, 2015

MONDED THRU NOTARY PUBLIC UNDERWRITERS

7837