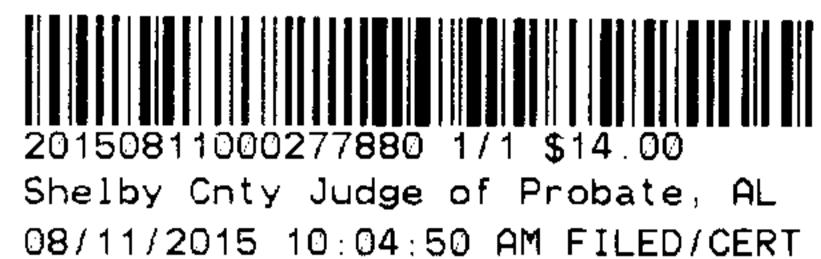
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

POB 308, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 205-934-6400

THIS IS NOT A BILL



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, 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: Timothy M Wade of 1307 Egg and Butter Road, Columbiana, Alabama 35051 against all causes of action, suits, claims, counter claims and demands accruing to the said Timothy M Wade 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.

	Amount Claimed:	\$17,651.00	Date of Admission:	08/03/2015	
	Date of Injury:	08/03/2015	Date of Discharge:	08/03/2015	
	of such person, to be liab		ons claimed by such injured in the such injuries are		
Name:		Name:			
Address:		Address			
	By: Ull	OF ALABAMA ON CONTROL Representative, U	e COLL	ital Lien Prepared by: B POB 308, 619 19 th Street Birmingham, AL 35	t South
Alabama, persons the authorized	onally appeared, <u>Colundared</u> descriptions of the contactive for the c	ra McLeod, who be laimant, and as suc	Public in and for the Cou eing by me first duly swo ch has personal knowledge	rn, doth depose and sa	ay that she
Foregoing state Subscribed and	ment of lien, and that the l sworn to before me this	same are true and 5+11 day of	correct. August	2015.	
		Brandy Notary Public	J Nicole Lew		

