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

20151113000394350 1/1 \$.00 Shelby Cnty Judge of Probate, AL

11/13/2015 01:52:24 PM FILED/CERT

STATE OF ALABAMA SHELBY COUNTY

AMENDED LIEN: 20120629000229410

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: David Vinson of PO Box 1544, Calera, Alabama 35040 against all causes of action, suits, claims, counter claims and demands accruing to the said David Vinson 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.

000322782-2094, 2202, 4002, 4039, 4086, 4190, 5164

04/03/2012, 07/19/2012, 01/02/2014

000222782 2004 2	202 4002 4020 4	086 4100 5164	
000322782-2094, 2	202, 4002, 4039, 4	080, 4190, 3104	
			04/03/2012, 07/19/2012, 01/02/2014
Amount Claimed	: \$289,372.70	Date of Admission:	02/08/2014, 03/25/2014, 07/09/2014, 06/13/2015
			04/10/2012, 07/19/2012, 01/10/2014,
Date of Injury:	04/03/2012	Date of Discharge:	02/13/2014, 03/26/2014, 07/19/2014, 06/17/2015
The names and add	resses of all person	s, firms or corporations of	laimed by such injured person, or the legal
representative of su	ch person, to be lia	ble for damages arising f	rom such injuries are, to the best of the claimant's
knowledge, as follo	ws:		
Name:		Name:	
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Address:		Address:	
			TT '4.1 T ' TD
	UNIXERSIT	Y OF ALABAMA HOS MULLON	PITAL Hospital Lien Prepared by: Brandy Lewis
	•		DII BII BII BII BII BII BII BII BII BII
•	•	ed Representative, UAB/I	PFS
Refore me BYAN	du Nicole L	PWIS a Notary Pub	ic in and for the County of Jefferson, State of
	_		by me first duly sworn, doth depose and say that she
´ ^			s personal knowledge of the facts set forth in the
•			
Subscribed and swo	orn to before me thi	e same are true and corress 2 nd day of	NOVEMBER 2015.

Brandy Nicole Lewis

BRANDY NICOLE LEWIS

