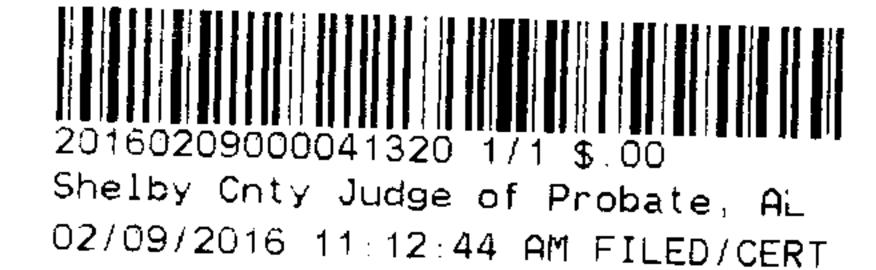
## NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

## THIS IS NOT A BILL



Date of Admission: 01/29/2016

## 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 19<sup>th</sup> 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: Marie Loughner of 5022 Summercrest Drive, Birmingham, Alabama 35215 against all causes of action, suits, claims, counter claims and demands accruing to the said Marie Loughner or her 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.

065204210-6029

Amount Claimed: \$33,278.06

Date of Injury:	01/29/2016	Date of Disch	arge:	01/29/2016
	•	orporations claimed by such injured ages arising from such injuries are, t	•	
Name:		Name:	. <u> </u>	
Address:		Address:		
UNIVERSITY OF ALABAMA HOSPITAL  By: White Alabama Hospital Lien Prepared by: Brandy Lewis POB 308, 619 19 <sup>th</sup> Street South Birmingham, AL 35249				
Alabama, personally appears is the authorized representations.	red, Colundra McLeocative for the claimant, and	Notary Public in and for the Count of who being by me first duly sworn and as such has personal knowledge of the correct.  Let and correct.  Let and correct.  Let an and correct.  Let an and correct.	, doth of the f	depose and say that she
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