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: Carrie Oliver of 4749 Hwy 280 Apt 62 Harpersville, Alabama 35078, against all causes of action, suits, claims, counter claims and demands accruing to the said Carrie Oliver 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.

065254334-6177

Amount Claimed:	$50,898.21	Date of Admission:	06/25/2016
Date of Injury:	06/25/2016	Date of Discharge:	06/28/2016

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: _____

UNIVERSITY OF ALABAMA HOSPITAL
By: _____
Duly Authorized Representative, UAB/PFS

Hospital Lien Prepared by: Shellyn Gilbert
POB 308, 619 19th Street South
Birmingham, AL 35249

Before me, Shelia T. Franklin a Notary Public in and for the County of Jefferson, State of Alabama, personally appeared, **Colundra 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 ___29___ day of ___June___ 2016.

_____
Notary Public

SHELIA THOMAS FRANKLIN
MY COMMISSION EXPIRES
NOTARY
PUBLIC
April 26, 2017
STATE OF ALABAMA