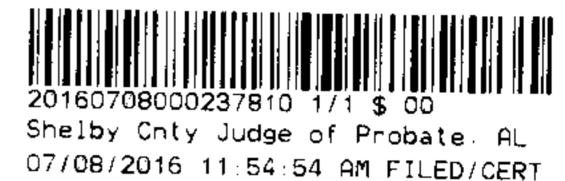
NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

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

THIS IS NOT A BILL



06/23/2016

PUBLIC

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: Gregory Paul Wood of 225 Treadwell Island Road, Vincent, AL 35178 against all causes of action, suits, claims, counter claims and demands accruing to the said Gregory Paul Wood 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.

065253533.6175
Amount Claimed: \$13,87<u>4.00</u>
Date of Admission:

Date of Injury: 06/23/2016 Date of Discharge: 06/24/2016

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: White Control of the Control o | Hospital Lien Prepared by: Shelia Franklin POB 308, 619 19 th Street South Birmingham, AL 35249 |
| Alabama nersonally an | peared, Colundra McLeod, who being by me first entative for the claimant, and as such has personal k | duly sworn, doth depose and say that she |
| Foregoing statement of landsworn to | ien, and that the same are true and correct. before me this 28 day of | 2016. |