NOTICE OF HOSPITAL LIEN UNIVERSITY OF ALABAMA HOSPITAL

JT Ste 720, 619 19th ST. S., Birmingham, AL 35249-6510 1-888-309-8435 or 934-6405

STATE OF ALABAMA SHELBY COUNTY

Shelby Cnty Judge of Probate, AL 06/13/2012 11:05:20 AM FILED/CERT

Notice is hereby given, as provided by the laws of the State of Alabama that UNIVERSITY OF ALABAMA HOSPITAL whose address is, JT 720, 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: Charles Lagasse of 180 Springwater Lane, Columbiana, AL 35051, against all causes of action, suits, claims, counter claims and demands accruing to the said Charles Lagasse or his/hers 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.

064824466.2120

Amount Claimed:	\$483,563.38	Date of Admission:	04/29/2012
Date of Injury:	04/29/2012	Date of Discharge:	06/04/2012
	•	•	such injured person, or the legal njuries are, to the best of the claimant's
Name:		Name:	
Address:		Address:	
Name:		Name:	
Address:		Address:	
Before me, Dicky. Alabama, personally app	eared, Thomas Elmes tative for the claimant, en, and that the same er before me this	a Notary Public in and for who being by me first dult and as such has personal	

Notary Public NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Sept 30, 2015 BONDED THRU NOTARY PUBLIC UNDERWRITERS