

NOTICE OF HOSPITAL LIEN

BALDWIN COUNTY, ALABAMA
TIM RUSSELL PROBATE JUDGE
Filed/cert. 1/14/2015 11:20 AM
TOTAL \$ 9.00
1 Pages

1494402

STATE OF ALABAMA

COUNTY OF BALDWIN



Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that the UNIVERSITY OF SOUTH ALABAMA HOSPITALS, a public body corporate, whose address is 2451 Fillingim Street, Suite 3040, Mobile, Alabama, 36617, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Johnathan Royce Perry
(NAME OF INJURED PERSON)

500 Jackson St., Daphne, AL 36526
(ADDRESS)

University of South Alabama Medical Center, 2451 Fillingim Street, Mobile Alabama 36617
(TREATING FACILITY)

DATE OF INJURY: 12/30/2014

DATE OF ADMISSION: 12/30/2014

DATE OF DISCHARGE: 1/02/2015

TOTAL CHARGES: \$31,900.00

Upon any and all actions, claims, counterclaims and demands accruing to said injured person or accruing to the legal representative of said injured person, and upon all judgments, settlements and settlement agreements entered into by virtue thereof on account of injuries giving rise to such actions, claims, counterclaims, demands, judgments, settlements or settlement agreements and which necessitated such hospital care.

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or the legal representative of said person, to be liable for damages arising from such injuries are as follows:

Aetna Life Insurance, P.O. Box 14079, Lexington, KY 40512

Motor Vehicle Accident

Account No: 810152868

UNIVERSITY OF SOUTH ALABAMA HOSPITALS,
a public body corporate, Claimant

BY: Alessa M. Englestead
Its Agent

STATE OF ALABAMA
COUNTY OF MOBILE

Personally appeared before me, the undersigned authority in and for said County in said State, Teresa Englestead, who is known to me and who, being first by me duly sworn, on oath, deposes and says that she is Agent for the claimant and that she is informed and believes and on such information and belief she avers that the facts set out in the foregoing Notice of Hospital Lien are true and correct as therein set out.

Alessa M. Englestead
AFFIANT

Subscribed and sworn to before me on this 7th day of January, 2015

My Commission Expires 09/18/2015

[Signature]
NOTARY PUBLIC

Prepared By Melissa Brooks
P. O. Box 40010
Mobile, Alabama 36640