

STATE OF ALABAMA)
JEFFERSON COUNTY)

VERIFIED STATEMENT OF HOSPITAL LIEN

Notice is hereby given that **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**, a hospital in the State of Alabama, pursuant to Code of Alabama §35-11-370, et seq., claims a lien upon any and all actions, claims, counterclaims, and demands accruing to the person to whom such care, treatment, or maintenance was furnished, or accruing to the legal representatives of such 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.

Patient: **TERRY GARDNER**
Address: **1691 JO WHITE ROAD, SHELBY, AL 35143**
Hospital Name: **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**
Address: **1600 7TH AVE. S., BIRMINGHAM, AL, 35233**
Hospital Operator: **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**
Address: **1600 7TH AVE. S., BIRMINGHAM, AL, 35233**

DATE OF ADMISSION	DATE OF DISCHARGE	AMOUNT
01/26/95	01/26/95	\$ 116.05
02/08/95	02/08/95	116.05
02/10/95	02/10/95	2,843.15
02/27/95	02/27/95	116.05
03/20/95	03/20/95	177.70
04/17/95	04/17/95	162.60
07/20/95	07/20/95	0.00
08/14/95	08/14/95	116.05
01/15/95	01/16/95	5,830.70

Total Amount Claimed Due For Hospital Care: **\$9,478.35**

Names and Addresses of All Persons, Firms or Corporations Claimed By Injured Person or Legal Representative of Such Person to be Liable for Damages Arising from Patient's Injuries: **TERRY GARDNER, 1691 Jo White Road, Shelby, AL 35143; CYNTHIA GARDNER, 15 Desota Court, Childersburg, AL 35094; PAUL AND RUTH BROWN, Highway 55, Sterrett, AL 35147; NATIONWIDE, 4100 Colonnade Parkway, Suite 150, Birmingham, AL 35243 (#77H0327511).**

Based on the foregoing, **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**, Hospital Operator for **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.** files this Verified Statement of Hospital Lien.

By: Mark D. Garst
Title: **SENIOR MANAGER CREDIT AND COLLECTIONS**
Hospital Operator: **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**
Hospital: **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**

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I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that **MARK D. GARST**, whose name as **SENIOR MANAGER CREDIT AND COLLECTIONS** of **THE CHILDREN'S HOSPITAL OF ALABAMA, INC.**, a corporation, is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, he, as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

Given under my hand and official seal, this the 15th day of September, 1995.

Donita A. Savage
Notary Public
My Commission Expires Feb. 5, 1996
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
COMMISSION EXPIRES: Feb. 5, 1996.
BONDED THRU NOTARY PUBLIC UNDERWRITERS

This document prepared by:
Jeffrey H. Wertheim
Sifrote & Permutt, P.C.
P. O. Box 55727
Birmingham, Alabama 35255

09/21/1995-26274
09:10 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 WCD 8.50