

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: **ERIC NUNN**
Address: **P. O. BOX 1182, CLANTON, AL 35045**
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**


Inst # 1995-26275

DATE OF ADMISSION	DATE OF DISCHARGE	AMOUNT
01/23/95	01/23/95	\$ 288.95
05/23/95	05/25/95	0.00
04/26/94	04/29/94	8,096.88
05/02/94	05/02/94	251.95
12/06/94	12/06/94	2,838.86

Total Amount Claimed Due For Hospital Care: **\$11,476.64**

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: **WILLIAM HAROLD HITT, 220 Highway 315, Columbiana, AL 35051; SHELBY COUNTY BOARD OF EDUCATION, SHELBY COUNTY HIGH SCHOOL, 101 Washington Street, Columbiana, AL 35051.**

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

STATE OF ALABAMA)
JEFFERSON COUNTY)

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.


Notary Public
My Commission Expires Feb. 5, 1996

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

09/21/1995-26275
09:12 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 NCD 8.50