

## NOTICE OF HOSPITAL LIEN

PURSUANT TO THE CODE OF ALABAMA, SECTIONS 35-11-370 AND 35-11-372:

NOTICE IS HEREBY GIVEN that SYNDICATED OFFICE SYSTEMS dba CENTRAL FINANCIAL CONTROL, assignee of **BROOKWOOD MEDICAL CENTER** located at **2010 BROOKWOOD MEDICAL CENTER DRIVE BIRMINGHAM, AL 35209**, has rendered services and treatment to **RHONDA WASHINGTON** a person residing at **10245 HWY 31 SOUTH CAI ERA, AL 35040**. Said person was injured on or about **AUGUST 23, 1995**, and was treated by **BROOKWOOD MEDICAL CENTER** from **AUGUST 23, 1995** to **AUGUST 23, 1995**. SYNDICATED OFFICE SYSTEMS dba CENTRAL FINANCIAL CONTROL hereby claims a lien in the amount of **\$7942.50** upon any and all causes of action, suits, claims, counterclaims, and demands accruing to **RHONDA WASHINGTON**, and upon all judgments, settlements and settlement agreements entered into by virtue of the injuries giving rise to such causes of action, suits, claims, counterclaims, demands, judgments, settlements or settlement agreements, and which necessitated the treatment and care by **BROOKWOOD MEDICAL CENTER**. To the best knowledge and belief of this claimant, the entity(s) liable on account of the injuries to **RHONDA WASHINGTON** are as follows: .

Inst # 1996-08585

## FIRM WOULD NOT RELEASE INFORMATION

Executed this 8th day of March, 1996.By [Signature]  
Title Branch Manager

Before me, **CONSTANCE PETTIGREW**, a Notary Public in and for the County of **DeKalb**, State of **Georgia**, personally appeared **TAUNIA HENSSLER**, who being by me first duly sworn, does depose and say:

That he/she is employed by SYNDICATED OFFICE SYSTEMS dba CENTRAL FINANCIAL CONTROL in the capacity of Branch Manager, and as such has personal knowledge of the facts set forth in the foregoing statement of lien, and that the same are true and correct.

[Signature]  
(Affiant)SUBSCRIBED and sworn to before me this 8th day of March, 1996My Commision Expires: Jan 18, 1997[Signature]  
(Notary Public)

03/15/1996-08585  
CERTIFIED  
01:34 PM  
SHELBY COUNTY JUDGE OF PROBATE  
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