

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: **Shaine Collins**  
Address: **16877 Hans Court  
Frazier, MI 48026**  
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: **June 29, 1996**  
Date of Discharge: **July 1, 1996**  
Amount Claimed Due For Hospital Care: **\$5701.20**

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: **Tunisia Harrison 1717 Northwest 69th Street, Miami, Florida 33147; Tonya Debrow 3765 NW 174th Street, Carol City, Florida 33055; Alamo Car Rental c/o Attorney Jodi Williams, Crawford & Company, Post Office Box 14336, Fort Lauderdale, Florida 33302.**

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 7<sup>th</sup> day of August, 1996

*Drita A. Savage*  
Notary Public  
My Commission Expires

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
COMMISSION EXPIRES: Feb. 6, 2000.  
BONDED THROUGH NOTARY PUBLIC UNDERWRITERS.

This document prepared by:

Jeffrey H. Wertheim  
Sirote & Permutt, P.C.  
P. O. Box 55727  
Birmingham, Alabama 35255

08/13/1996-26158  
08:30 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCD 8.50

Inst # 1996-26158