

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.

Inst # 1996-26159

Patient: **Shamair Eady**
Address: **3334 Northwest 181st Street**
Miami, Florida 33056
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 2, 1996**
Amount Claimed Due For Hospital Care: **\$7119.45**

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 Northwest 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.**

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 7th day of August, 1996.

This document prepared by:

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

Unita A. Savage
Notary Public
My Commission Expires **08/13/1996-26159**
08:32 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 8.50
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Feb. 6, 2000.
SIGNED THEN NOTARY PUBLIC UNDERWRITER.