

TO: Shelby County Probate Office
P.O. Box 825
Columbiana, AL 35051

20150313000078390 1/1 \$14.00
Shelby Cnty Judge of Probate, AL
03/13/2015 11:16:48 AM FILED/CERT

NOTICE OF AMENDED HOSPITAL LIEN

'Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the City of Huntsville, whose address is 101 Sivley Road, Huntsville, AL 35801, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:'

Patient's Name: **Laura Johnson**
Address: **338 County Road 129**
Montevallo, AL 35115
Account No.: **411231204**
Admit Date: **1/19/2015**
Discharge Date: **1/19/2015**
Amount Due: **\$5,538.00**

To the best of the claimant's knowledge, the names and addresses of all persons, firms or corporations claimed by said injured person, or legal representative of said person, to be liable for damages arising from such injuries are as follows:

Allstate Insurance - 0355139445
Mail Processing Center P. O. Box 385004
Birmingham, AL 35238

State Farm Insurance - 015R24884
P.O. Box 106145
Atlanta, GA 30348

STATE OF MISSISSIPPI
COUNTY OF ALCORN

Prepared By: *[Signature]*

The foregoing statement was acknowledged and verified before me this 9th day of March, 2015, by *Kimberlee M. Fair* the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



[Signature]
NOTARY PUBLIC

Kimberlee M. Fair
P.O Box 1465
Corinth, MS 38834