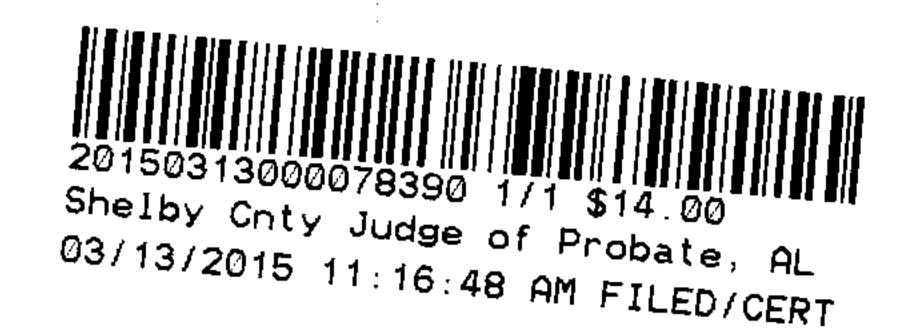
**TO:** Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051



## **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 CenterP. O. Box 385004

Birmingham, AL 35238

State Farm Insurance - 015R24884

P.O. Box 106145

Atlanta, GA 30348

Prepared By: \_\_\_\_\_\_\_

1.5

STATE OF MISSISSIPPI

COUNTY OF ALCORN

MY COMMISSION EXPIRES:

ID # 104665

Commission Expires

NOTARY PUBLIC

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