

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

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Shelby Cnty Judge of Probate, AL
08/31/2018 01:34:42 PM 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:

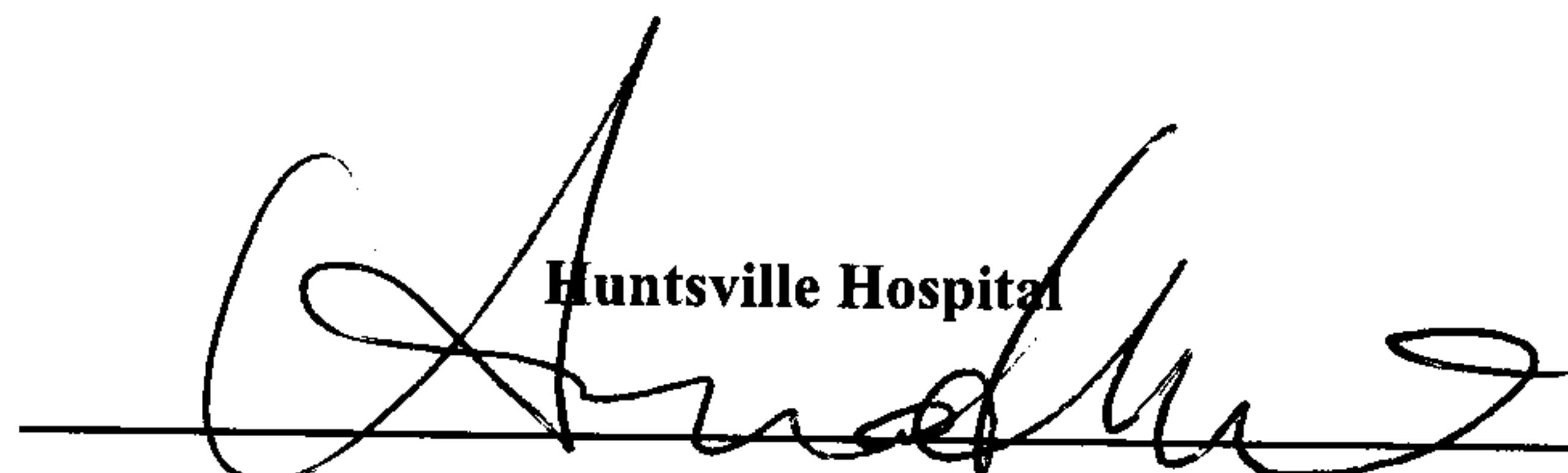
Patient's Name: **Mary Bonner**
Address: **2714 Pinetree Lane**
Huntsville, AL 35810
Admit Date: **07/08/2018**
Discharge Date: **07/08/2018**
Amount Due: **20,644.89**

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:

Progressive Insurance - 18-2942085
2100 Riverchase Center; Building 100; Suite 110
Birmingham, AL 35244

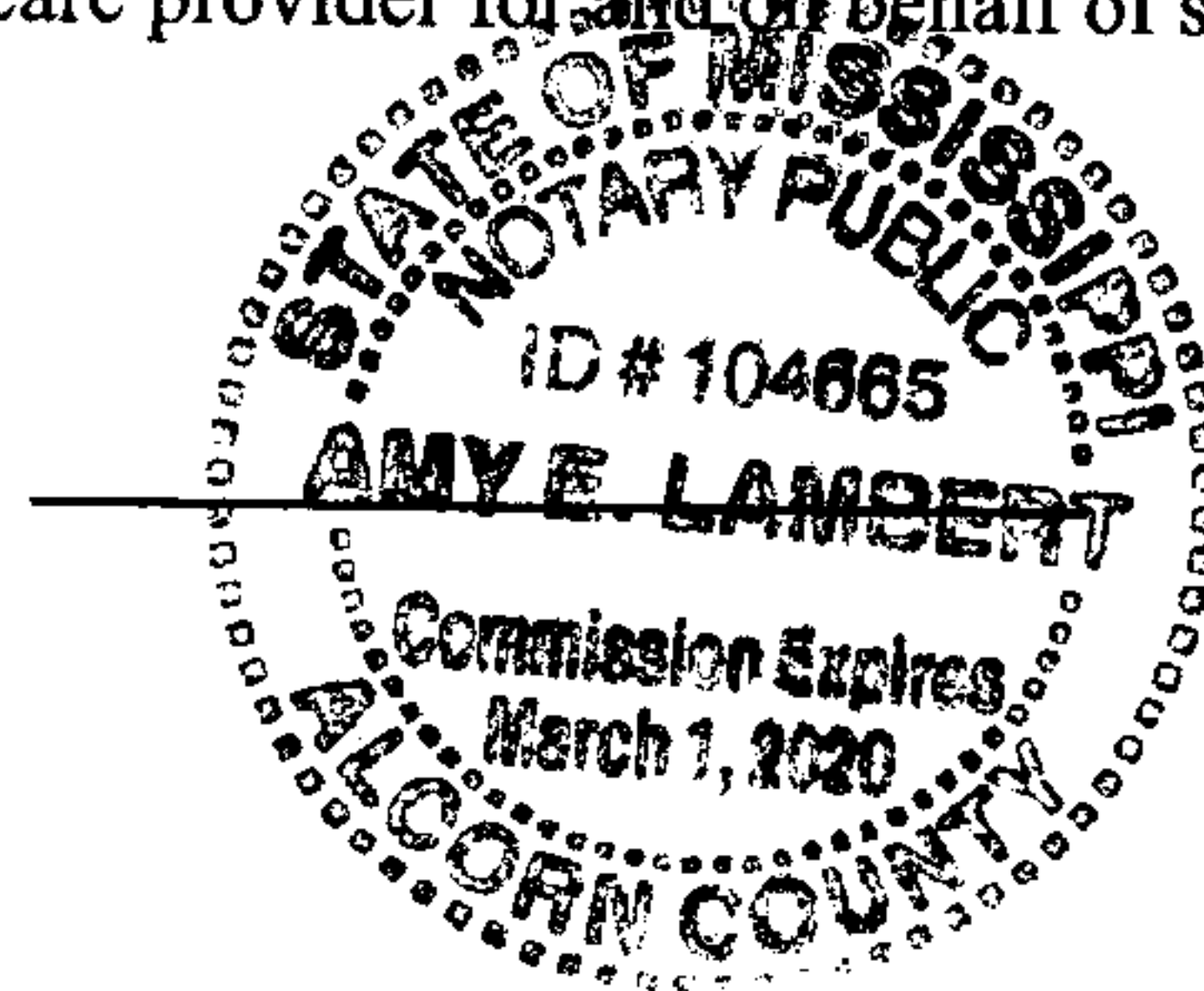
STATE OF MISSISSIPPI
COUNTY OF ALCORN

BY:

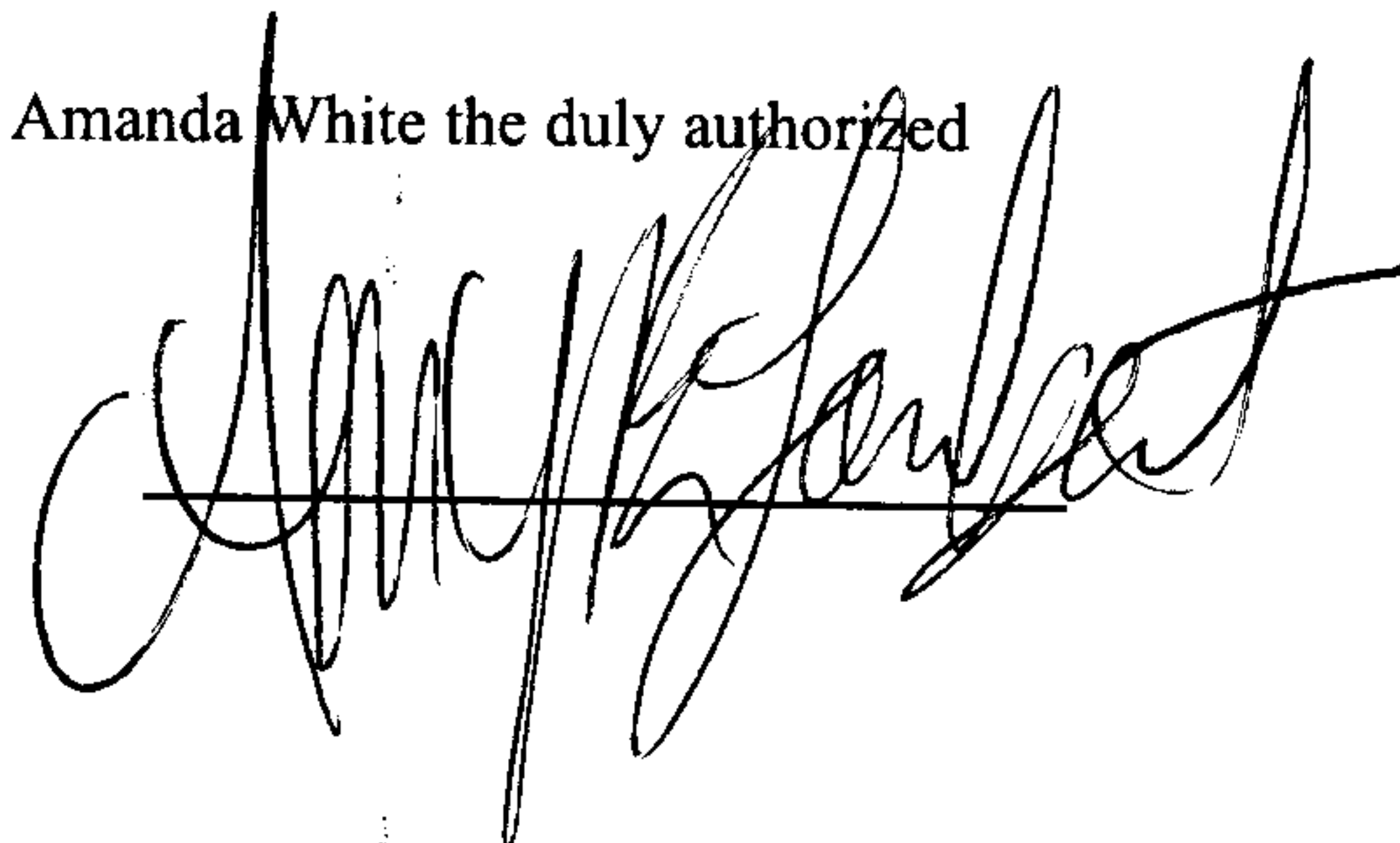

Huntsville Hospital
Agent

The foregoing statement was acknowledged and verified before me this Aug 27, 2018, by Amanda White the duly authorized agent of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES:



NOTARY PUBLIC



Prepared by:
Amanda White
P.O Box 1465
Corinth, MS 38834