


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

  
20090511000177330 1/1 \$11.00  
Shelby Cnty Judge of Probate, AL  
05/11/2009 03:57:17 PM FILED/CERT

**NOTICE OF HOSPITAL LIEN**

Under the provisions of Title 35, Chapter 11, Division 15, Code of Alabama, 1975, notice is hereby given that DCH Health System, whose address is 809 University Boulevard E, Tuscaloosa, Alabama, 35401-2029, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name: **Mallory M Knight**  
Address: **104 McMahon Highland  
Calera, AL 35040**  
  
Account No.: **D048288195**  
Admit Date: **Apr 03, 2009**  
Discharge Date: **Apr 03, 2009**  
  
Amount Due: **\$654.00**

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:

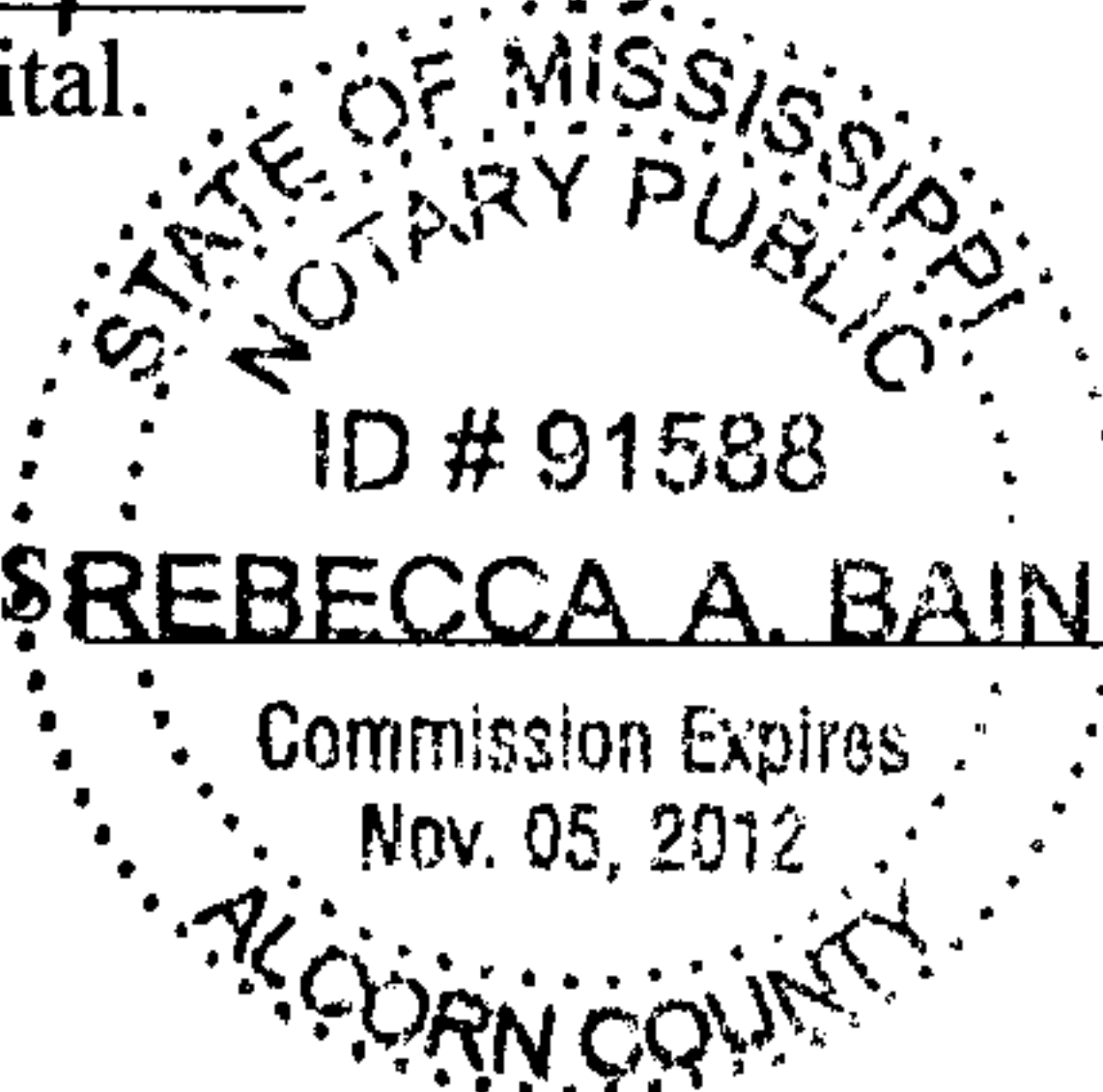
USAA - Attn Medical Mail  
Kristen Gurerrero / Claim No. 2337650  
P. O. Box 26001  
Daphne, AL 36526

BY: 

STATE OF MISSISSIPPI  
COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this 8<sup>th</sup> day of May, 2009, by Tim B. Smith the duly authorized agent/operator of the above named health care provider for and on behalf of said hospital.

MY COMMISSION EXPIRES



NOTARY PUBLIC

