TO: Shelby County Probate Office

P.O. Box 825

Columbiana, AL 35051

NOTICE OF HOSPITAL LIEN

Under the provisions of Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Health Care Authority of the Baptist Health System, Inc., whose address is 1000 1st Street North Alabaster, AL 35007, claims a lien for all reasonable charges for hospital care, treatment and maintenance necessitated by injuries received by:

Patient's Name:

Linda Armstrong

Address:

456 Waxahatchee Circle

Shelby, AL 35143

Admit Date:

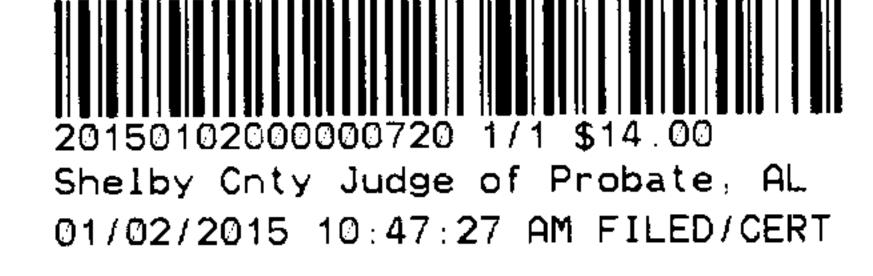
December 10, 2014

Discharge Date:

December 10, 2014

Amount Due:

\$12,471.40



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 Insurance - 4189678-7 Medical Mail/Auto Injury SolutionsP O Box 5000 Daphne, AL

Metlife Insurance - TAD18091 Claims Injury DepartmentP O Box 30018 Tampa, FL

Shelby Baptist Medical Center

Agent

BY:

STATE OF MISSISSIPPI COUNTY OF ALCORN

The foregoing statement was acknowledged and verified before me this Tuesday, December 30, 2014, by the duly authorized Hospital of the above named health care provider for and on behalf of said hospital.

The foregoing statement was acknowledged and verified before me this 2014, by

the duly authorized Shelby Baptist Medical

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NOTARY PUBLIC

MY COMMISSION EXPIRES:

AMY E. LAMBERT

Commission Expires
Feb. 13, 2017

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