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When recorded mail to: ALMA PASIC LEXISNEXIS CLAIMS SOLUTIONS INC. P.O.BOX 740025 ATLANTA,GA 30374-0025
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(The above space reserved for recording information)

**CAPTION HEADING**

**Medical Lien**

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DO NOT DISCARD THIS PAGE. THIS COVER PAGE IS RECORDED AS PART OF YOUR DOCUMENT. THE CERTIFICATE OF RECORDATION WITH THE FEE NUMBER IN THE UPPER RIGHT CORNER IS THE PERMANENT REFERENCE NUMBER OF THIS DOCUMENT IN THE MARICOPA COUNTY RECORDER'S OFFICE.

Form RE-49

# NOTICE AND CLAIM OF MEDICAL PAYMENTS LIEN IN ACCORDANCE WITH A.R.S. §20-259.01

NAME OF INSURED: David Hutchison  
ADDRESS OF INSURED: 7749 W. Brown St, Peoria AZ 85345

NAME OF INSURER: USAA #3424046-803  
ADDRESS OF INSURED: One Northern Parkway  
Phoenix, AZ 85085

AMOUNT CLAIMED: \$28.00

COUNTY WHERE ACCIDENT OCCURRED: Maricopa

To the best of USAA's knowledge, the names and addresses of all persons, firms, corporations, and the insurance carriers of said persons, firms or corporations claimed by the above-named Insured or Insured's representative to be liable for damages arising from the accident are as follows.

NAME	ADDRESS
Robert Brito City Parks Risk Mgmt	9029 W. Mackenzie Dr, Phoenix AZ 85037 P.O. Box 788, Chesterfield VA 23832

The above-named Insurer, pursuant to the laws of the State of Arizona in such cases made and provided, does hereby claim a lien upon any and all causes of action, suits, claims, counterclaims, or demands for damages accruing to the Insured named herein, or to the legal representative of such Insured, on account of injuries giving rise to such causes of action and which necessitated payment of <sup>Unofficial Document</sup> benefits under Insured's coverage for MEDICAL PAYMENTS in accordance with the provisions of the policy of insurance issued to Insured by Insurer.

STATE OF Texas                     )  
  ) ss  
COUNTY OF Bexar             )

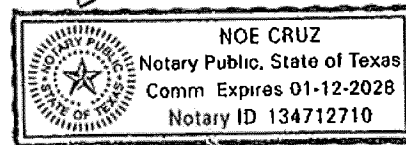
UNOFFICIAL DOCUMENT

Noe Cruz, being first duly sworn, upon oath deposes and says:

He is the Agent of USAA and makes this Notice and Claim of Lien for and on behalf of said Insurer, being thereunto duly authorized; that the matters and things contained in the foregoing notice and claim of lien are true.

Subscribed and sworn to before me this 5 day of November, 2015.  
My Commission Expires: 01-12-27

DATE OF FILING: \_\_\_\_\_  
HOUR OF FILING \_\_\_\_\_  
NO.. \_\_\_\_\_  
COUNTY WHERE FILED \_\_\_\_\_



Arizona Statutes, Section 5, Title 20-466.03 states: "For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a

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loss is subject to criminal and civil penalties "

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Unofficial Document

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