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Notice is hereby given that Buck Medical Services, Inc., has
provided ambulance services, as defined in or 07.000(2), to
Arthur Matson , who resides at HO 62 Box 65 ,
in the City of Malin , County of Klamath , State of Oregon, on or about the 14 day of April , 1989 , and hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable under any contract providant hereby claims a lien upon the amount payable
State of Oregon, on or about the 12 day of April any contract provid-
and hereby claims a lien upon the amount payable under any sum incurred
ing for indemitity of compensation thoracf. An itemized statement
ing for indemnity or compensation of said introduction for those ambulance services or any portion thereof. An itemized statement for those ambulance services or any portion thereof. An itemized statement
for those ambulance services or any portion thereof. And the incorporated of the ambulance services provided is attached as Exhibit A and incorporated herein by reference. Fifteen days have not elapsed since the date on which herein by reference.
herein by reference. Fifteen days have not expect since the individual said ambulance services were provided. The sum incurred by the individual
named above for said amounts services is and there is now due and owing
which has been paid, except \$ 0, and there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the
and remaining unpaid thereof, after deducting at the deficiency of the amount sum of \$ 302.10 , in which amount lien is hereby claimed. The amount sum of \$ 302.10 , in which amount lien is hereby claimed. The amount sum of \$ 302.10 , in which amount lien is hereby claimed.
sum of \$ 302.10 , in which amount then the sum of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of so claimed is a true and bona fide existing debt as of the date of filing of the date of filing of the date of the date of filing of the date o
so claimed is a true Roymont for the ambulance services described herein is
so claimed is a true and bona fide existing debt as of the date of firms state this notice of lien. Payment for the ambulance services described herein is dueApril 14, 1989
due Adili 14, 1505
BUCK MEDICAL SERVICES, INC.
01 12500/6
By MS & Malan
BV //// O // W WENT
STATE OF OREGON)
) SS
COUNTY OF Klamath)
I, Christina Kay first duly sworn on oath, say: that I am MVA Clerk of the claimant named in the foregoing notice of lien; that I have read the
first duly sworn on oath, say: that I am MVA Clerk
of the claimant named in the foregoing notice of lien; that I have read the
same and know the contents thereof and believe the same to be true.
1 01
Smilina Colf
A1116173
SUBSCRIBED and sworn to before me this 25 day of April
1989.
and Duller
ANNETTELOUNE
Notary Rubiany Publice 99 REGON
My Commission expires: /0/14/91
my do min says approx
The undersigned claimant hereby certifies that the foregoing is
true and correct copy of the notice of lien filed with the recording officer
true and correct copy of the notice of free fitted with

of the county in which the individual who received the ambulance services described above resides.

BUCK MEDICAL SERVICES, INC.

By_

After recording, please return to the claimant at 1240 S.E. Twelfth Avenue P.O. Box 15339 Portland, Oregon 97215-0339





1240 S.E. 12th Avenue P O. Box 15339 Portland, Oregon 97215-0339

INVOICE

Arthur Matson HO 62 Box 65 Malin, OR 97632

\$

PLEASE DETACH AND RETURN WITH YOUR PAYMENT.

PLEASE PRINT ADDRESS CHANGE.

Fee, \$10.00

PLEASE REMIT TO:

BUCK MEDICAL SERVICES, INC.

P.O. Box 15339 Portland, Oregon 9,7215-0339 Business Office: Oregon Toll-Free: Washington:

503-239-0389 1-800-228-7601 206-256-8484

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	TRANSPORTED NO. 122 1 SEED BELLEVILLE OF THE PROPERTY OF THE P	THE PARES AND
INVOIUENO	是是是是不是 I Elis A can rest transfer a reserved	4/14/89
019167590	and the property of the court o	CHARGES OR CREDITS (CR)
01710735	TENLUS [13] DESCRIPTION ASIA [SIZES STUCK FIRST [PROJECT SET]	CREDITS (CROZZELL)
Minister Harman		
	FROM/NW Eastman Parkway and NW Burnside Roa TO /Mount Hood Medical Center	}
	Date /PT C	185.00
4/14/89	1 Base Rate/BLS 2 Mileage/6.50 @ mile	13.00
	2 Mileage/6.50 & MILE 1 Night Rate	2.00
	1 Evam Gloves, Pr.	25.00
	1 Extrication Collar	2.10
	1 Tape	25.00
	1 Orthopedic Care	
	71 Pop \$10.00	}
	Recording Fee \$10.00	
	Total Balance Due \$302.10	
	104.2	
]
STATE OF OREGO		
County of Klani	ath	\
		1
Filed for record at a	equest of:	
	1.0	
Buck Medi	day of April A.D., 19 89 and duly recorded and Sales	
on this $\frac{2/E}{12}$	day of _April A.D., 19 89	
in Vol. M89	of Co. Lden Page 7276	
L III VOI	ocket County Clerk	292.10
Vi Evelyn Biehn	Deputy.	TOTAL DUE
IR:	Deputy.	