

63019

98 JUL 20 P2:03

HOSPITAL/PHYSICIAN LIEN Vol. M98 Page 26387

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine (hereinafter called Claimant) of Klamath Falls has rendered hospitalization services or treatment for Matthew D. Kyniston (hereinafter called Patient), a person who was injured on or about February 15, 19 98, in the City of Klamath Falls, Klamath County, State of Oregon, on or about February 15, 19 98. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Parents of Matthew D. Kyniston & Allied Group Insurance alleged to have caused injuries and any other person liable for the injury or obligated to compensate Patient on account of Patient's injuries. The hospitalization or treatment was rendered to the injured person between February 15, 19 98, and undetermined/any treatment, related to accident on date(s) above.

STATEMENT OF AMOUNT DUE

			Debit	Credit
2/15	98	Emergency Surgery Assist	\$ 752 00	\$
2/16	98	Orthopedic Consult	124 00	
3/11	98	Office Visit/Orthopedic Supply	114 00	
3/25	98	Office Visit	44 00	
4/13	98	Office Visit	61 00	
5/06	98	Office Visit	44 00	
7/01	98	Office Visit	61 00	
		Recorder's filing fee:		
		Balance Due Claimant:	\$1,200.00 & any future charges related to accident	

Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$ 1,200.00. No part thereof has been paid, except \$ -0-. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 1,200.00, in which amount lien is hereby claimed.

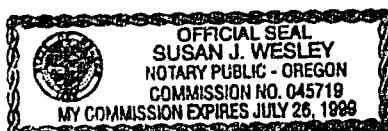
Mt. View Orthopedics & Sports Medicine Claimant.

By [Signature] Name of Hospital or Physician

STATE OF OREGON, County of Klamath) ss.
I, Rose M. Bernaldo

being first duly sworn on oath, say: That I am Assistant Office Manager for Mt. View Orthopedics & Sports Med. named in the foregoing claim of lien. I have read the same, know the contents thereof and believe the same to be true.

Subscribed and sworn to before me this 20th day of July, 19 98



Susan J. Wesley
Notary Public for Oregon. My commission expires 7-26-99

ORS 87.565. When completed, and "not later than 15 days after the discharge of the patient from the hospital," the notice of lien shall be filed "with the recording officer of the county wherein such hospital is located." Also, prior to the date of judgment, settlement or compromise, certified copies of the notice shall be served "by registered mail or by certified mail with return receipt upon the person alleged to be responsible for causing the injury and from whom damages are claimed;" (to the last-known address of the person), and "the insurance carrier which has insured the person alleged to be responsible against such liability, if such insurance carrier is known."

I hereby certify that the foregoing is an exact and complete copy of the original thereof.

HOSPITAL/PHYSICIAN LIEN

Mt. View Orthopedics & Sports Med.

Matthew D. Kyniston Hospital Lien Claimant.

Name of Injured Person (Patient).

After recording return to (Name, Address, Zip):

Mt. View Orthopedics & Sports Med.
2301 Mt. View Blvd.
Klamath Falls, OR 97601
ATTN: Rose

SPACE RESERVED
FOR
RECORDER'S USE

Fee: \$5.00

STATE OF OREGON,
County of Klamath) ss.

I certify that the within instrument was received for record on the 20th day of July, 19 98, at 2:03 o'clock P.- M., and recorded in book/reel/volume No. M98 on page 26387 and/or as fee/file/instrument/microfilm/reception No. 63019 of the Hospital and Physician Lien Docket of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

By [Signature] NAME TITLE
Ruthann Ross Deputy