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63348

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HOSPITAL/PHYSICIAN LIEN

Mt. View Orthopedics & Sports Medicine
2301 Mt. View Blvd
Klamath Falls, OR 97601

Hospital Lien Claimant's Name and Address
Ramona J. Moreno
P.O. box 771

Tulelake, CA 96134

After recording, return to (Name, Address, Zip):
 Mt. View Orthopedics & Sports Medicine
 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 24th day of July, 1998 at 2:21 o'clock P.M., and recorded in book/reel/volume No. M98 on page 27241 and/or as fee/file/instrument/microfilm/reception No. 63348, Records of said County. Hospital Lien

Witness my hand and seal of County
affixed.

Bernetha G. Letsch, Co. Clerk
NAME TITLE

By Kathleen Ross, Deputy

NOTICE IS HEREBY GIVEN that Mt. View Orthopedics & Sports Medicine
(hereinafter called Claimant) of Klamath Falls has rendered hospitalization
services or treatment for Ramona J. Moreno (hereinafter called Patient),
a person who was injured on or about May 3, 1998, in the City of Klamath Falls,
Klamath County, State of Oregon, on or about May 3
1998. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-
ment or judgment from Ramona J. Moreno and/or St. Paul Fire & Marine Ins. Co.
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 May 6
1998, and Undetermined/any treatment related to accident on date of 5/3/98.

STATEMENT OF AMOUNT DUE

[illegible]

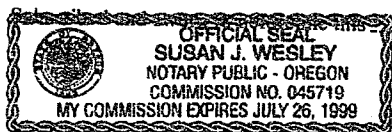
Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$ 881.00 No part thereof has been paid, except \$ -0- There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 881.00 in which amount lien is hereby claimed.

Mountain View Orthopedics & Sports Medicine, Claimant.

By Rose M. Bernaldo
Title Assistant Office Manager

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

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



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.