

NOTICE IS HEREBY GIVEN, That

MERLE WEST MEDICAL CENTER

of KLAMATH FALLS, OREGON has rendered services in hospitalization for Andrew Stephen Nelson  
 a person who was injured on the 8<sup>th</sup> day of August, 1998, in the City of —  
 County of Klamath, State of Oregon and the said MERLE WEST MEDICAL CENTER  
 hereby claims a lien upon any money due or owing or any claim from Any responsible party be it  
any insurance or third party payer in relation to this MWC and not  
Limited to other MWC claims in relation etc.

alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or  
 obligated to compensate the said injured person on account of said injuries. The hospitalization was rendered to the  
 said injured person between the 8<sup>th</sup> day of August, 1998, and the 12<sup>th</sup> day of August, 1998.

Mr. Andrew Stephen Nelson

In Account with Claimant:		Dr.	Cr.
	ACCOUNT NO. <u>2010600537</u>		
	Balance Due Claimant:	\$ <u>15579.84</u>	

That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's  
 demands for said care and/or services is in the sum \$ 15579.84  
 Dollars and that no part thereof has been paid, except NONE Dollars and that there  
 is now due and owing and remaining unpaid thereof, after deducting credits and offsets the sum of \$ 15579.84  
 Dollars, in which amount lien is hereby claimed.

If the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any  
 insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.

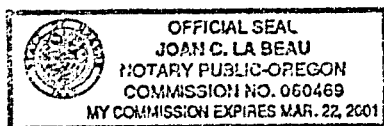
Barbara Hart for MWC  
 Claimant

STATE OF OREGON

County of KLAMATH } ss.I, Barbara Hart for MWC, being first duly sworn on oath, say:

That I am ONE AND THE SAME named in the foregoing claim of lien; that I have read the same and know the  
 contents thereof and believe the same to be true.

Barbara Hart for Merle West Medical Center

Subscribed and sworn to before me this 18<sup>th</sup> day of August, 1998

Joan C. La Beau  
 Notary Public for Oregon

My commission expires 3-22-2001

Hospital Lien

STATE OF OREGON,

County of Klamath

I certify that the within instrument was  
 received for record on the 18<sup>th</sup>  
 day of AUGUST, 1998, at 2:32  
 o'clock P. M., and recorded in book 198  
 on page 30436 Record of Hospital Liens  
 of said County.

Witness my hand and seal of County  
 of said County.

Bernetha G. Letsch,

County Clerk

Deputy

Fee: \$5.00