| NOTICE IS HEREBY GIVEN, That  MERLE WEST MEDICAL CENTER  of NAMTH PALLS, OREGON has profered services in hospitalization for Paul Paul Paul Paul  a person who was injured on the day of August 1958, in the Givy of County of La Leadin .  State of Oregon and the said MERLE WEST MEDICAL CENTER  nereby claims also rupon any menory due or owing or any claim from Paul Paul Paul Paul Paul  and any in Surceace out thick party payer in relative to this MANA and and I was in juried and or any other person, corporation or association liable for said injury obligated to compensate the said injuried person between the Bed day of Dugust 1998, and the Paul day of Dugust 1998  Mr. Andrew Stephan Netton  In Account with Claimant:  Dr. Cr.  ACCOUNT NO. 20/0 600.537  Balance Due Claimant:  That lifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum of 155.77.84  That lifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum of 155.77.84  That lifteen days have not elapsed since the time, (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum of 155.77.84  That lifteen days have not elapsed since the time, (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum of 155.77.84  That lifteen days have not elapsed since the time, (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum of 155.77.84  That I am of the covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on an insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.  Country of 150.00000000000000000000000000000000000   | 64775                             | 98 AUG 18 P2:32  | HOSPITAL LIEN                                     | Vol. M  | 98 Pag                       | e 30436            |
|--|-----------------------------------|--|---|---|------------------------------|--------------------|
| a person who was injured on the 3  |                                   |  | MERLE WEST MEDIC                                  | CAL CENTER  |                              | 1.0                |
| Courty of **Lie Association**  State of Oregod and the said **MERILE WEST MEDICAL CENTER*  Any in Surveyance or third party party in relation to this mount and and not be interested claims as die mapon any money due or owing or any claim from **Any **CELPTON **Lie Association**  Any in Surveyance or third party party party in relation to this mount and and not be interested to compensate the said injury of person, on account of said injuries. The hospitalization was rendered to the said injury of person on account of said injuries. The hospitalization was rendered to the said injury of person not not person between the **Lie Asy of **Lugard**, 1916**, and the **Lugard**, 1916**, and the **Lugard**, 1916**, and the **Lugard**   | a person who                      | ALLS, OREGON has rendered  | services in hospitalizat                          | ion for Flad rew                                  | teplen 1                     | klson              |
| That fifteen days have not elapsed since the time, (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum \$\frac{\text{figed}}{\text{figed}}\$ to save and or any other person, corporation or association liable for said injury and injury depreson account of said injuries. The hospitalization was rendered to the said injury depreson account of said injuries. The hospitalization was rendered to the said injury depreson account of said injuries. The hospitalization was rendered to the said injuried person between the \$\frac{\text{J}}{\text{day}}\$ of \$\frac{\text{Jungust}}{\text{day}}\$ of \$\frac{\text{Jungust}}{\text{day}}  | County of $\cancel{k}$            | Lewath, State of   | Oregot and the said                               |   | DICAL CEN                    | TED                |
| Limited to native the Charles and or any other person, corporation or association liable for said injury obligated to have caused said injuries and/or any other person, corporation or association liable for said injury obligated to compensate the said injury of person on account of said injuries. The hospitalization was rendered to the said injury of person on account of said injuries. The hospitalization was rendered to the said injury of person between the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{Ougust}{Ougust}\$, 19 \$\frac{1}{2}\$ &, and the \$\frac{1}{2}\$ day of \$\frac{1}{2}\$ | hereby claims                     | a lien upon any money due or o                                   | wing or any claim from                            | Any responsi                                      | ble par                      | ty beit            |
| alleged to have caused said injuries and/or any other person, corporation or association liable for said injury obligated to compensate the said injury depreson between the Set of any of County of Stephen Netton  In Account with Claimant:  In Account No. Zo/0600537  Balance Due Claimant:  Dr. Cr. ACCOUNT NO. Zo/0600537  Balance Due Claimant:  Dollars and that rop part thereof has been paid, except is in the sum \$1,5579,849  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 an neurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.  Balance Due Claimant  That little on the same to be true.  Claimant  STATE OF OREGON  KLAMATH  SS. Land For Mumc , being first duly swom 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.  County of KLAMATH  SS. Land For Mumc , being first duly swom 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.  County of KLAMATH  | 374 W2                            | urance or third par  | ty payor in re                                    | elation to this                                   | muk a                        | ind not            |
| And fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant in Account with Claimant:  In Account with Annual Claimant:  In Account with Claimant:  In Account No. Joseph Services is in the sum of Account with Claimant of Intervent with Intervent with Claimant of Intervent with Interv   | Limited                           | e caused said injuries and/or                                    | Claims in re                                      | lation etal,                                      |                              |                    |
| STATE OF OREGON  County of   | obligated to co                   | mpensate the said injured person                                 | on on account of said i                           | nitries. The hospitalization                      | ation was ran                | dored to the       |
| In Account with Claimant:  ACCOUNT NO. 2010 600 5 37 P.  Balance Due Claimant:  ACCOUNT NO. 2010 600 5 37 P.  Balance Due Claimant:  ACCOUNT NO. 2010 600 5 37 P.  Balance Due Claimant:  ACCOUNT NO. 2010 600 5 37 P.  Balance Due Claimant:  ACCOUNT NO. 2010 600 5 37 P.  By  That fifteen days have not elapsed since the time, (the completion of said hospitalization): that the claimant demands for said care and/or services is in the sum of the said care and/or services is in the sum of the said care and/or services is in the sum of the said care and that there is now due and owing and remaining uppaid thereof, after deducting credits and offsets the sum of the said that there is now due and owing and remaining uppaid thereof, after deducting credits and offsets the sum of the said that there is now due and owing and remaining uppaid thereof, after deducting credits and offsets the sum of the said that there is now due and owing and remaining uppaid thereof, after deducting credits and offsets the sum of the said that there is now in the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on an insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.  Claimant  STATE OF OREGON  County of KLAMATH  S.S.  STATE OF OREGON  KLAMATH  S.S.  S. S.  S.   | said injured pe                   | rson between the day of  | , <u>Wigut</u> , 19 <u>98</u>                     | and the 1215 da                                   | y of <u>Augu</u>             | 1978.              |
| Balance Due Claimant:  ## 155.77.84  That fifteen days have not elapsed since the time, (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum ## 155.77.84  Dollars and that no part thereof has been paid, except   | Mr. Hhdre                         | w Stephen Nebor  | <u>~</u>  |   |                              |                    |
| That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum # 155.79.84  Dollars and that no part thereof has been paid, except  |                                   | In Acco  |   |   | Dr.                          | Cr.                |
| That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant demands for said care and/or services is in the sum # 15579.84  Dollars and that no part thereof has been paid, except   |                                   |  | ACCOUNT NO  | 1.2010600537                                      |                              |                    |
| That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant fermands for said care and/or services is in the sum # 15579.84  Dollars and that no part thereof has been paid, except  |                                   | Polones Dun Obilinati  |   |   |                              |                    |
| Dollars and that for part thereof has been paid, except  |                                   | Balance Due Claimant:  |   |   | 15579.                       | 84                 |
| STATE OF OREGON  County of KLAMATH  County of KLAMA   | Dollars and that<br>s now due and | t no part thereof has been paid<br>owing and remaining unpaid th | i, exceptereof, after deducting c                 |   | Dollars ar<br>sum of ♯ ∠5    | nd that there      |
| STATE OF OREGON  County of KLAMATH  STATE OF OREGON  I. Parbace Hant for Mume.  County of Hand 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.  Subscribed and sworm to before me this Aday of August 1.19 98  OFFICIAL SEAL JOANS C. LA BEAU HOLLING COUNTS SICH IN COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3.2.2.2001  The state of the same of the same to be true.  We commission expires 3.2.2.2001  |                                   |  |   |   |                              |                    |
| STATE OF OREGON  County of KLAMATH  SS.  County of KLAMATH  I. Parbaca Hart For MwMc_, 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.  Contents thereof and believe the same to be true.  Subscribed and sworn to before me this IST day of Lugaret 1,19 98  OFFICIAL SEAL JOAN C. LA BEAU JOAN C. LOANESION NO. 600469 MY COMMISSION EXPIRES MAR. 22 2001  My commission expires 3-2-200 /  My commission expires 3-2-200 /  | t the injured pe                  | erson is covered by Medicare, the                                | nis Hospital Lien Notice                          | is not intended to clai                           | nı or perfect a              | a lien on any      |
| STATE OF OREGON  County of KLAMATH  I. Parta a Hart For Mume , 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 oritents thereof and believe the same to be true.  Subscribed and sworn to before me this III day of August 1988 and 1988  | isdiance proc                     | eeds norm, or insurers obligation                                | is under, the liability co                        | verage of an insurance                            | e policy.                    |                    |
| STATE OF OREGON  County of KLAMATH  I. Parbaca Hart For Mume. , 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.  Subscribed and sworn to before me this III day of Luguett , 19 98  OFFICIAL SEAL JOAN COMMISSION NO. 60469  MY COMMISSION NO. 60469  MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires  August To Test To Te   |                                   |  |   | Rock- of Hank                                     | .C. 11 (.                    | IMC                |
| County of KLAMATH  I. Parbaca Hart For Mw Mc., 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.  Subscribed and sworn to before me this III day of August 1998  OFFICIAL SEAL JOAN C. LA BEAU NOTARY PUBLIC-OPEGON  MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3-2-2001  My commission expires 3-2-2001   |                                   |  | <u>~</u>  | Claim   | ant Mu                       |                    |
| County of  | STATE OF OR                       | EGON   | ,   |   |                              |                    |
| 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.    Content   19  | _                                 | KI AMAT  | H i   | ss.   |                              |                    |
| Subscribed and sworn to before me this Sound of Hospital 1 for Sound 1 for Sound of Hospital 1 for Sou   | 1                                 |  | MUMC.   |   |                              |                    |
| Subscribed and sworn to before me this Land day of Luguett 1998 (2000).  Subscribed and sworn to before me this Land day of Luguett 1998 (2000).  Composition in the mission in the missio   | ـــ ۰۰<br>That I am ONi           |  |   | _, being first duly swo<br>lien: that I have read | m on oath, sa<br>the same ar | ly:<br>nd know the |
| REGON,  KI awath   | contents thereo                   | f and believe the same to be tru                                 | ie.   | icii, tilat i ilavo icad                          | ine same ar                  | IG KIOW (IIB       |
| REGON,  KI awath   |                                   | •  | Q 1 41  | 10 -  |                              |                    |
| REGON,  KI awath   |                                   | <u>.</u>   | Darbera Her                                       | t for Merle We                                    | of Medica                    | & Center           |
| REGON,  KI awath   | S                                 | ubscribed and sworn to before m                                  | ne this 18 th                                     | of Quant  |                              | 19 98              |
| W. and recorded in book Mys mass my hand and seal of County Clerk  G. Letsch.  G. Letsch.  G. Letsch.  G. 1. Spiral Liens  M. and recorded in book Mys   | Same                              |  | C   |   |                              | 10 4               |
| County County Clerk  G. Let sch.  G. Let sch.  G. 1. Sp. 10 10 10 10 10 10 10 10 10 10 10 10 10  |                                   |  | Xoun  | C La Bea  | w                            |                    |
| Spital Lien  ECON.  Klamath  Klamath  Lordon the 18th  Rust . 19 98 . a 2:32  Rust . 19 98 . a 2:32  M. and recorded in book M98  M.   |                                   |  | (Notary Pul                                       | blic for Oregon                                   |                              |                    |
| EGON.  Klamath  Klamath  Klamath  Klamath  Rocad on the 18th  Rust 19 8 . a 2:32  Rust 19 98  |                                   | MY COMMISSION EXPIRES MAR. 22, 2001                              |   | _   |                              |                    |
| Hospital Lien  TATE OF UREGON.  TATE OF UREGON.  I certify that the within instrument was cceived for the 18th  by of August 198. at 2:32  clock P. M. and recorded in book 198  n page 30436 Record of Hospital Liens faid County.  Witness my hand and seal of County fixed.  Every \$5.00  Deputy  Fee: \$5.00  |                                   |  | My commi  | ssion expires <u> </u>                            | 2-200                        |                    |
| Hospital Lien  TATE OF OREGON,  I cerify that the within instrument was received for record on the 18th by of August . 19 98 . a 2:32 clock P.M., and recorded in book M98 roleck P.M., and recorded in book M98 roleck P.M., and recorded in book M98 raid County.  Witness my hand and sead of County Tixed.  Witness my hand and sead of County Tixed.  Exhetha G. Letsch.  Treed.  Fee: \$5.00  Deputy   |                                   |  |   |   |                              |                    |
| HOSPITAL LIE  TATE OF UREGON.  County of Klamath  I certify that the within instructerist of the corrected on the 18th or of August . 10 98 . al. clock P. M. and recorded in book to page 30436 Record of Hospita raid County.  Witness my hand and seal of fixed.  Externation of August County  Fee: \$5.00   |                                   |  | 2:32<br>M98<br>1 Lien                             | Clerk Deputy                                      |                              |                    |
| Flosbital L  TATE OF UREGON.  County of Klamath  I rerify that the within teceiver for record on the 18th  sy of August 10 98 clock P. M., and recorded in box page 30436, Record of Host raid County.  Witness my hand and ss fixed.  Effect 55.00  | 2                                 |  | instru<br>or a<br>of te                           | o la louri  |                              |                    |
| HOSPITA  TATE OF OREGON.  County of Klamath  I certify that the wi tective for record on the 18 toy of August . 19 clock P. M., and recorded in page 30436, Record of I raid County.  Witness my hand a fixed.  Exnetha G. Letsch.  Fee: \$5.00  |                                   |  | th book in book                                   | g J   | }                            |                    |
| TATE OF OREGON,  County of Klamat  I certify that the tector of August  colock P. M., and record on the and record on the and record of the and record of the and record of the and County.  Witness my has fixed.  Expetha G. Letse Kathum Fixed.  Free: \$5.00   | ल                                 |  | 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19      | å ti  |                              |                    |
| HOSE  TATE OF URECON.  County of Kla  I certify the celected on any of August Rock of August Rock of August Rock of August Rock P. M., and a page 30436 Refulled  Witness m.  Fred.  Free: \$5  Fee: \$5   | njed<br>Esse                      | mat  | the the cord of                                   | is the si   |                              |                    |
| HOS  TATE OF URE  County of  |                                   | 70N.   | iffy if set and and 6 Ree                         | 1 I. 1. 25 \$5                                    |                              | -                  |
| TATE OF  County  1  ceived for  y of A  y of A  fixed.  Y  Y  Expectly  Expectly   | ő                                 | OREC OREC  | reco<br>URU<br>M.                                 | dus G   |                              |                    |
|  | 2072                              | S OF a   | \$ 7 7 3  | L & Et  |                              |                    |
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| 7260 (AEV 2021)  |                                   |  | _ , , , ,   | , td, 1   | ·                            |                    |