

98 NGA 10 P3:46

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STATE OF OREGON,
County of _____ Klamath } ss.

I certify that the within instrument
was received for record on the 10th day
of November 1998 at

3:46 o'clock P.M., and recorded in
book/reel/volume No. M98 on page
41174 and/or as fee/file/entry

SPACE RESERVED
FOR
RECORDER'S USE

and/or as fee/file/instrument/microfilm/reception No. 69467
Records of said County

Dorris, CA 96023
Injured Person's/Patient's Name and Address

Witness my hand and seal of County
affixed

For recording, return to (Name, Address, Zip):
 214 West 10th Street
 New York, N.Y. 10014

Bernetha G. Letsch, Co. Clerk

Mt. View Orthopedics & Sports Med.
2301 Mt. View Blvd

Klamath Falls, OR 97601

Fee: \$5.00

By Kaitlyn Ross, Deputy

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine

_____ (hereinafter called Claimant) of Klamath Falls _____ has rendered hospitalization services or treatment for Jenine R. Sammis Helms _____, a person who was injured on or about April 29 _____, 19 98, in the City of Klamath Falls _____, Klamath _____ County, State of Oregon _____, on or about April 29 _____, 19 98. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Jenine R. Sammis Helms & State Farm Insurance 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 April 29 _____, 19 98, and Undetermined/any treatment related to accident on date(s) above. _____.

Debit	Credit
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[illegible]

Recorder's filing fee:

Balance Due Claimant: \$1,710.00 & 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 \$ 1,710.00. 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 \$ 1,710.00, in which amount lien is hereby claimed.

Mountain View Orthopedics & Sports Medicine, Claimant.

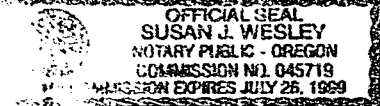
By [Signature]
Time Assistant/Office Manager

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

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

Subscribed and unsubs. to the form of this

10th day of November, 1998



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.