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HOSPITAL/PHYSICIAN LIEN

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NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine
 (hereinafter called Claimant) of Klamath Falls
 services or treatment for Lydia Stambaugh has rendered hospitalization
 a person who was injured on or about 11/19, 19 98, in the City of Klamath Falls
Klamath County, State of Oregon, on or about 11/19
19_98. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-
 ment or judgment from Lydia Stambaugh & ITT Hartford
 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 11/19
19_98, and undetermined/any treatment related to accident of 11/19/98

STATEMENT OF AMOUNT DUE

			Debit	Credit
11/19	98	ER Consultation	\$ 77 00	\$
11/19	98	Surgery/rt distal wrist	952 00	
		Recorder's filing fee:		
		Balance Due Claimant: \$1029.00 and any future charges related to accident 11/19/98		

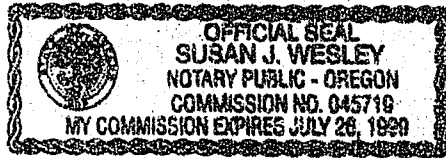
Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$ 1029.00. No part thereof has been paid, except \$ 0-. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 1029.00, in which amount lien is hereby claimed.

Mountain View Orthopedics & Sports Medicine, Claimant.
 By R. M. Bernaldo

STATE OF OREGON, County of KlamathI, Rose M. Bernaldo

) ss.

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

Subscribed and sworn to before me this 24th day of November, 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

Mountain View Orthopedics & Sport Med.
2301 Mt. View Blvd Klamath Falls OR
Lydia Stambaugh Hospital Lien Claimant.
PO Box 129 New Pine Creek, OR 97635

Name of Injured Person (Patient).

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

Mt. View Orthopedics
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 27th day
 of November, 19 98, at
11:05 o'clock A. M., and recorded in
 book/reel/volume No. M98 on page
43426 and/or as fee/file/instru-
 ment/microfilm/reception No. 70546
 of the Hospital and Physician Lien Docket of
 said County.

Witness my hand and seal of County
 affixed.
Bernetha G. Letsch, Co. Clerk

By Kathleen Ross TITLE
 Deputy

OK
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