

70806

'98 DEC -3 P2:05

HOSPITAL/PHYSICIAN LIBRARY

Vol. 198 Page 44208

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine
(hereinafter called Claimant) of Klamath Falls, Oregon

services or treatment for Linda D. Long has rendered hospitalization
a person who was injured on or about 10/01, 1998, (hereinafter called Patient),
Klamath County, State of Oregon, in the City of Klamath Falls,
1998. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-
ment or judgment from Linda D. Long & Mutual of Enumclaw, on or about 10/01,
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 10/01
1998, and any future treatment related to above dated accident

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 \$ 2500.00. No part thereof has been paid, except \$ 0- and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 2500.00. There is now due and owing hereby claimed, in which amount lien is

Mountain View Orthopedics & Sports Medicine, Claimant.

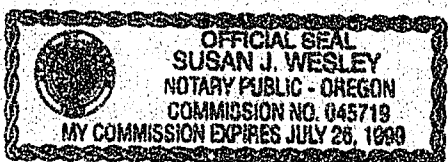
By

STATE OF OREGON, County of Klamath

I, Rose M. Bernaldo

duly sworn on oath, say: That I am Asst. Office Manager of Mtn. View Orthopedics & Sports med. 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.

Subscribed and sworn to before me this 3rd day of December, 1998



Notary Public for Oregon. My commission expires 7-26-09

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

2301 Mt. View Blvd

Linda D. Long

Hospital Lien Claimant

5116 Ridgewood dr

Klamath Falls OR

Name of Injured Person (Patient):

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

Mountain View Orthopedics

2301 Mt. View Blvd

Klamath Falls OR 97601

Atto: Rose

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON.

County of Klamath

I certify that the within instrument was received for record on the 3rd day of December, 1998, at 2:05 o'clock P.M., and recorded in book/reel/volume No. M98 on page 44208 and/or as fee/file/instrument/microfilm/reception No. 70806 of the Hospital and Physician Lien Docket of said County.

Witness my hand and seal of County
affixed.

Bernetha G. Letsch, Co. Clerk

NAME _____ TITLE _____
By Burklin Ross, Deputy

Fee: \$5.00