

98 DEC -3 P2:05

**HOSPITAL/PHYSICIAN LIEN**

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

\_\_\_\_\_ (hereinafter called Claimant) of \_\_\_\_\_ Klamath Falls  
services or treatment for Sharron Ferguson \_\_\_\_\_ has rendered hospitalization  
a person who was injured on or about 08/14 \_\_\_\_\_, (hereinafter called Patient),  
Klamath \_\_\_\_\_ County, State of Oregon, 19 98, in the City of Klamath Falls  
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 Sharron Ferguson & State Farm Insurance Co. \_\_\_\_\_, on or about 08/14 \_\_\_\_\_,  
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 09/02 \_\_\_\_\_  
19 98 and andy treatment related to accident on date above \_\_\_\_\_

STATEMENT OF AMOUNT DUE

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09/02	98	Office	\$	507 00	\$	
09/7	98	Office		70 00		
10/5	98	Office		120 00		
12/01	98	Surgery		3400 00		
		Recorder's filing fee:				
		Balance Due Claimant:				

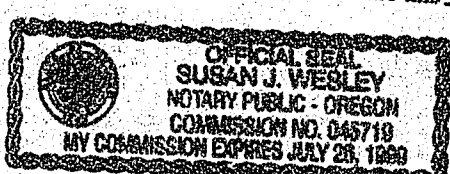
Balance Due Claimant: \$4097.00 and any future charges related to the above accident. Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$4097.00. No part thereof has been paid, except \$-0-. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$4097.00, in which amount lien is hereby claimed.

Mountain View Orthopedics  
Name of Hospital or Physician  
By K. M. Smith, Claimant.

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

I, Rose M. Bernaldo, ) ss.  
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 1st day of December, 1998



Notary Public for Oregon. My commission expires 7-31-99

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

I hereby certify that the foregoing is an exact and complete copy of the original thereof

**HOSPITAL/PHYSICIAN LIEN**

Mt. View Orthopedics & Sports Med.  
2301 Mt. View Blvd  
Klamath Falls Or 97601 Hospital Lien Claimant  
Sharron Ferguson & State Farm Ins. Co

After recording return to (Name, Address, etc.)

Mt View Orthopedics  
2301 Mt. View Blvd  
Klamath Falls Or 97601  
Attn: Rose

Attn: Rose

SPACE RESERVED  
FOR  
RECORDERS USE

Fee: \$5.00

STATE OF OREGON,  
County of Klamath ss.

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/roll/volume No. M98 on page 44209 and/or as fee/file/instrument/microfilm/reception No. 70807 of the Hospital and Physician Lien Docket of said County.

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

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
By Richard R. R. Deputy \_\_\_\_\_