

14

FOIA

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HOSPITAL/PHYSICIAN LIEN

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/reel/volume No. 44211 M98 on page
and/or as fee/file/instru-
ment/microfilm/reception No. 70809,
Records of said County. Hospital Liens

Witness my hand and seal of County
affixed.

Bernetha G. Letsch, Co. Clerk

By Kathleen Roas, Deputy

SPACE RESERVED
FOR
RECORDING USE

Fee: \$5.00

Mountain View Orthopedics & Sports med
2301 Mt. View Blvd
Klamath Falls OR 97601

Garret Hilyard
Country Companies Insurance

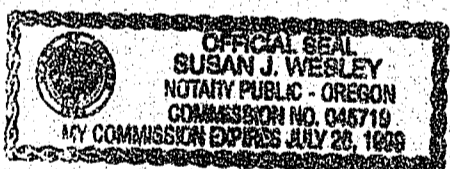
After recording, return to (Name, Address, Zip):
Mountain View Orthopedics
2301 Mt. View Blvd
Klamath Falls OR 97601
Attn: Rose

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine
(hereinafter called Claimant) of Klamath Falls
services or treatment for Garret Hilyard has rendered hospitalization
a person who was injured on or about 02/24, 1998, (hereinafter called Patient),
Klamath County, State of Oregon, 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 Garret Hilyard & Country Companies Insurance, on or about 02/24,
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 2/24
19-98, and any future charges related to the 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 \$4300.00. 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 \$4300.00, in which amount lien is hereby claimed.



Mountain View Orthopedics & Sports Medicine, Claimant.
By [Signature]
Title Assistant Office Manager

STATE OF OREGON, County of Klamath
I, Rose M. Bernaldo) ss.
duly sworn on oath, say: That I am Asst. Office Manager of Mt 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 15 day of December, 1998

TSusan A. Wiering
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

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