STORM No. 179 - LIEN - HOSPITAL/PHYSICIAN

NT

70809

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HOSPITAL/PHYSICIAN LIEN

Mountain View Orthopedics & Sports med
2301 Mt. View Blvd
Klamath Falls OR 97601
Hospital Lien Claimant's Name and Address

Garret Hilyard
Country Companies Insurance
Injured Person's/Patient's Name and Address

After recording, return to (Name, Address, Zip):
Mountain 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 3rd day of December, 19 98, at 2:05 o'clock P.M., and recorded in book/reel/volume No. M98 on page 44211 and/or as fee/file/instrument/microfilm/reception No. 70809, Records of said County. Hospital Liens

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk
NAME TITLE

By Kathleen 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 Garret Hilyard, (hereinafter called Patient), a person who was injured on or about 02/24, 1998, in the City of Klamath Falls, Klamath County, State of Oregon, on or about 02/24, 19 98. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Garret Hilyard & Country Companies Insurance, 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

			Debit		Credit	
12/8	98	Surgery	$4300	00	$	
		Recorder's filing fee:				
		Balance Due Claimant: $4300.00 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 $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.

OFFICAL SEAL
SUSAN J. WESLEY
NOTARY PUBLIC - OREGON
COMMISSION NO. 045719
MY COMMISSION EXPIRES JULY 26, 1999

Mountain View Orthopedics & Sports Medicine, Claimant.
NAME OF HOSPITAL OR PHYSICIAN
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.

[signature]

Subscribed and sworn to before me this 1st day of December, 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.

500 BK