

NY

71165

98 DEC -9, P2:34

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HOSPITAL/PHYSICIAN LENS

Mountain View Orthopedics & Sports Med.
2301 Mt. View Blvd

2301 Mt. View Blvd

Klamath Falls OR 97601

1-9313-OR-27994-
Hospital: List Claimant's Name and Address

Warren J. Riddle Jr.

4236 Douglas

Klamath Falls OR 97601

Injured Person's/Patient's Name and Address

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

Mt. View Orthopedics & Sports Med.

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 9th day of December, 1998, at 2:34 o'clock P.M., and recorded in book/reel/volume No. M98 on page 45010 and/or as fee/file/instrument/microfilm/reception No. 71165, Records of said County. Hospital Liens.

Witness my hand and seal of County
affixed.

NAME	TITLE
Bernetha G. Letsch,	Co. Clerk

NAME 1F

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 Warren J. Riddle Jr., (hereinafter called Patient),
a person who was injured on or about 11/30, 1998, in the City of Klamath Falls,
Klamath County, State of Oregon, on or about 11/30,
1998 Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-
ment or judgment from Warren J. Riddle Jr. And Natl. American Ins. of CA
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 11/30,
1998 and and other charges related to the above dated accident.

STATEMENT OF AMOUNT DUE

STATEMENT OF AMOUNT DUE			Debit		Credit	
12/01	98	Consultation	\$	77 00	\$	
12/01	98	Surgery		765 00		
		Recorder's filing fee:				
		Balance Due Claimant:	\$842.00 and any future charges related to 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 \$842.00. 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 \$842.00, in which amount lien is hereby claimed.

Mountain View Orthopedics & Sports, Claimant.

NAME OF HOSPITAL OR PHYSICIAN

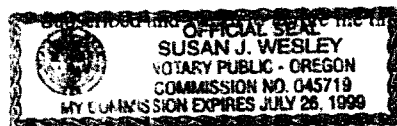
By

Title Assistant Office Manager

STATE OF OREGON, County of Klamath) ss.

I. Rose M. Bernaldo

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



9th day of December, 1998

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.