| [ [  | I-U84                  | - HI SHTALMIYECUL   |  | COPYRIGHT                    | 167 STEVENSA  | ESS LAW PL                 | usu ishing co., por              | ALL AND DR 97704                   |  |
|--|------------------------|---|--|------------------------------|---|----------------------------|----------------------------------|------------------------------------|--|
| ™<br>7 <b>11</b> €   | ie<br>Hos              | 98 DEL -9 P2  | <b>·3</b> 4  |                              | 18_Pa   | IGE_                       | 450                              |                                    |  |
| Mt. View Orthopedics & Sports Medicine<br>2301 Mountain View Blvd.   |                        |   |  | I o<br>was rece              | eived for   | at the                     | n<br>within in<br>lon the, 1     | nstrument<br>9th day               |  |
| Klamath I<br>Eugene R.   | Wis                    | n View Blvd.<br>s, OR 97601<br>m Len Cleinent's Name and Address<br>Sneski  | SPACE RESERVED   | 2:34<br>book/ree<br>45011    | o'clocl<br>l/volume   | k <u>P</u><br>No.<br>nd/or | :M., and re<br>M98<br>as fee/fil | corded in<br>on page<br>le/instru- |  |
| HC 32 Box 10<br>Crescent, OR 97733<br>injured Perion's Petient's Name and Address<br>After reporting, return to (Harne, Address, Zip):<br>Mt. View Orthopedics & Sports Medicine   |                        |   | RECORDER'S USE   | ment/mic<br>Records (<br>Wit | ment/microfilm/reception No. <u>71166</u><br>Records of said County. Hospital Liens<br>Witness my hand and seal of County<br>affixed. |                            |                                  |                                    |  |
|  |                        | opedics & Sports Medicine<br>/ Blvd.<br>, OK 97601  | Fee: \$5.00  | Berneth                      | Bernetha G. Letsch, Co. Clerk   |                            |                                  |                                    |  |
| NO   | TICE                   | IS HERERY CIVEN the Mountain  | View Orthopodice & Create Matter   |                              |   |                            |                                  |                                    |  |
| services or<br>a person w  | treatn<br>ho wa        | nent for <u>Eugene</u> R. Wisneski<br>s injured on or about <u>May 6</u>  | <u>f_Klamath_Falls</u> has rendered hospitalization<br>(hereinafter called Patient),<br>19_96, in the City of _Unknown |                              |   |                            |                                  |                                    |  |
| 19-96. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settle-<br>alleged to have caused injuries and any other person liable for the injury or obligated to compensate Patient on account of Patient's  |                        |   |  |                              |   |                            |                                  |                                    |  |
| 19.96, and Undetermined/any treatment, melated to accident on date(s) above.   |                        |   |  |                              |   |                            |                                  |                                    |  |
|  |                        |   | IENT OF AMOUNT DU  | 3                            | De  | bit                        | Cree                             | dit                                |  |
| <u>9/18</u><br>11/15   | 96                     | Office Visit  |  |                              | \$ <u>55</u>  | 00                         | \$                               |                                    |  |
| 11/15  | 96                     | Surgery   |  |                              | 2,725   | 00                         |                                  |                                    |  |
|  |                        |   |  |                              |   |                            |                                  | <u> </u>                           |  |
|  |                        |   |  |                              |   |                            |                                  | <del></del>                        |  |
|  |                        |   | *****  |                              |   |                            |                                  |                                    |  |
|  |                        |   |  |                              |   |                            |                                  |                                    |  |
|  |                        |   |  |                              | -   |                            |                                  | —                                  |  |
|  | Recorder's filing fee: |   |  |                              |   |                            |                                  |                                    |  |
| Balance Due Claimant: \$2,780.00 & any future charges related to accident  |                        |   |  |                              |   |                            |                                  |                                    |  |
| Fifteen days have hol/elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service<br>are in the sum of \$ _2,780.00 No part thereof has been paid, except \$0 There is now due and owing<br>and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ _2.780.00, in which amount lien is<br>hereby claimed. <u>Mountain View Orthopedics &amp; Sports</u> , Claimant. |                        |   |  |                              |   |                            |                                  |                                    |  |
| By Medicine<br>Tide Assistant Office Manager   |                        |   |  |                              |   |                            |                                  |                                    |  |
| STATE OF C   | REG                    | ON, County of Klamath<br>M. Bernaldo  | ) ss.  |                              |   |                            |                                  |                                    |  |
| duly swom o  | n oath                 | oing claim of lien. I have read the same  | Office Manager of<br>, know the contents there   | Mt. View<br>of and believe   | Orthop<br>the same  | edics<br>Jo be i           | , bein<br>S&_Spor<br>true, Medi  | ng first<br>ts<br>cine             |  |
| SUBAN J. WEBLEY<br>NOTARY PUBLIC - OREGON<br>COMMISSION NO. 045719<br>Notary Public for Oregon.<br>Notary Public for Oregon.   |                        |   |  |                              |   |                            |                                  |                                    |  |
| ORS 87 565 W   |                        | My c  | commission expires7  |                              |   |                            |                                  |                                    |  |
| "by registered ma  | ail or b               | npleted, and "not later than 15 days after the disc<br>serein such hospital is located." Also, prior to the<br>y centified mail with return receipt upon the persons<br>as of the person), and "the insurance carrier which | the of judgment, settlement of   | compromise, cert             | itied copies  | of the n                   | totice shall be                  | e served                           |  |
| I hereby certify that the foregoing is an exact and complete copy of the original thereof.   |                        |   |  |                              |   |                            |                                  |                                    |  |