

NT

77413

99 APR -2 P1:46

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HOSPITAL/PHYSICIAN LIEN

STATE OF OREGON, County of Klamath

I certify that the within instrument was received for record on the 20th day of April, 1999, at 1:46 o'clock P.M., and recorded in book/reel/volume No. M99 on page 12008 and/or as fee/file/instrument/microfilm/reception No. 77413 Records of said County. HOSP. LIENS

Witness my hand and seal of County affixed.

Linda Smith, County Clerk

Fee: \$5.00 By Katherine Ross Deputy

Cascade Comprehensive Care P.O. Box 217 Klamath Falls, OR 97601 Hospital Lien Claimant's Name and Address James T. Bailey 1425 Pleasant Klamath Falls, OR 97601 Injured Person's/Patient's Name and Address After recording, return to (Name, Address, Zip): Cascade Comprehensive Care P.O. Box 217 Klamath Falls, OR 97601

SPACE RESERVED FOR RECORDER'S USE

NOTICE IS HEREBY GIVEN that Cascade Comprehensive Care (hereinafter called Claimant) of Klamath Falls has rendered hospitalization services or treatment for James T. Bailey (hereinafter called Patient), a person who was injured on or about June 27, 1998, in the City of Chilgoquo, Klamath County, State of Oregon, on or about June 27, 1998. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Allstate Insurance, Donald Crane, attorney 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 June 27, 1998, and November 30, 1998.

STATEMENT OF AMOUNT DUE

Table with columns: Date, Description, Debit, Credit. Rows include West Medic 1, Shasta Cascade Lab, Karl Wenner, MD, Luke Klaja, PT, Merle West Medical Center, John Swetland, MD, and Balance Due Claimant: 3067.26.

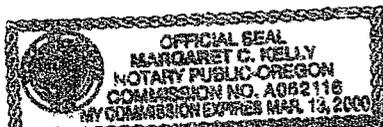
Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$ 3067.26. No part thereof has been paid, except \$. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 3067.26, in which amount lien is hereby claimed.

Cascade Comprehensive Care Claimant

By Sherry L. Milligan Title Claims Analyst

STATE OF OREGON, County of Klamath) ss. I, Sherry L. Milligan being first duly sworn on oath, say: That I am Claims Analyst for Cascade Comprehensive Care 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 2nd day of April 1999



Margaret C. Kelly Notary Public for Oregon My commission expires March 13, 2000

OR. 163.005, 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 sent "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.

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