

77573

99 APR -6 P2:29

## HOSPITAL LIEN

Vol m99 Page 12370

NOTICE IS HEREBY GIVEN, That **MERLE WEST MEDICAL CENTER** of KLAMATH FALLS, OREGON has rendered services in hospitalization for Latosha Marie Hewitt a person who was injured on the 23rd day of March, 1999, in the City of \_\_\_\_\_ County of Klamath, State of Oregon; and the said **MERLE WEST MEDICAL CENTER** hereby claims a lien upon any money due or owing or any claim from any responsible party be it any insurance or third party payer in relation to this MWM and not limited to other MWM claims in relation et al alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or obligated to compensate the said injured person on account of said injuries. The hospitalization was rendered to the said injured person between the 23rd day of March, 1999, and the 29th day of March, 1999.

ME Latosha Marie Hewitt

In Account with Claimant:

ACCOUNT NO. 2010684871

Dr.

Cr.

Balance Due Claimant:

\$ 14,557.98

That fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's demands for said care and/or services is in the sum \$ 14,557.98 Dollars and that there is now due and owing and remaining unpaid thereof, after deducting credits and offsets the sum of \$ 14,557.98 Dollars, in which amount lien is hereby claimed.

If the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.

Barbara Hart for MWM  
Claimant

STATE OF OREGON

KLAMATH

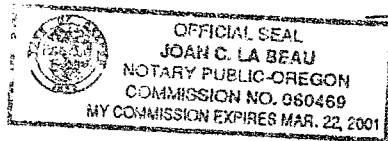
ss.

County of \_\_\_\_\_

I, Barbara Hart for MWM, being first duly sworn on oath, say:  
That I am ONE AND THE SAME named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.

Barbara Hart for Merle West Medical Center

Subscribed and sworn to before me this 6th day of April, 1999



Joan C La Beau  
Notary Public for Oregon

My commission expires 3-22-2001

## Hospital Lien

STATE OF OREGON.

County of Klamath

I certify that the within instrument was received for record on the 6th day of April, 1999, at 2:29 o'clock P. M., and recorded in book M99 on page 12370 Record of Hospital Liens of said County.

Witness my hand and seal of County

affixed

Linda Smith, County Clerk

County Clerk

Deputy

Fee: \$5.00