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99 JUL -6 P2:42

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## HOSPITAL/PHYSICIAN LIEN

Mt. View Orthopedics  
 2301 Mt. View Blvd  
 Klamath Falls OR 97601  
 Hospital Lien Claimant's Name and Address  
 Sherry Briggs  
 19536 Apache Ln  
 Bend OR 97702  
 Injured Person's/Patient's Name and Address

SPACE RESERVE  
 FOR  
 RECORDER'S USE

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

Mt View Orthopedics  
 2301 Mt View Blvd  
 Klamath Falls OR 97601  
 Attn: Rose

State of Oregon, County of Klamath  
 Recorded 6/08/99, at 2:42 p.m.  
 In Vol. M99 Page 22581  
 Linda Smith, County Clerk  
 Fee \$ 5- KR

NOTICE IS HEREBY GIVEN that Mountain View Orthopedics & Sports Medicine (hereinafter called Claimant) of Klamath Falls has rendered hospitalization services or treatment for Sherry Briggs (hereinafter called Patient), a person who was injured on or about 05/31, 1999, in the City of Klamath Falls, Klamath County, State of Oregon, on or about 05/31, 1999. Claimant hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Sherry Briggs & Guide 1 Insurance Co., 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 05/31, 1999, and 06/04, 1999.

## STATEMENT OF AMOUNT DUE

			Debit	Credit
05/31	99	Hospital Admit	\$ 121 00	\$
05/31	99	Surgical/Surgeon Fees	1479 00	
		Recorder's filing fee:		
		Balance Due Claimant:	1600 00	

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 \$ 1600.00. 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 \$1600.00, in which amount lien is hereby claimed.

Mountain View Orthopedics & Sport Med., Claimant.  
 NAME OF HOSPITAL OR PHYSICIAN

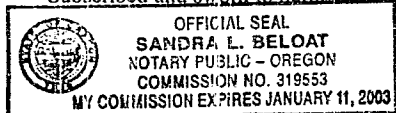
By [Signature]  
 Title Asst. Office Manager

STATE OF OREGON, County of Klamath ) ss.  
 I, Rose M Bernaldo,

being first  
 duly sworn on oath, say: That I am Asst. Office Manager of Mtn. View Orthopedics & Sport Medicine  
 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

8th day of June, 1999



Sandra L. Belost  
 Notary Public for Oregon.

My commission expires 1/11/2003

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.