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99 JUN -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
Emily Briggs C/O Sherry Briggs
19536 Apache Ln
Bend OR 97702
Injured Person's/Patient's Name and Address
After recording, return to (Name, Address, Zip):
Mt. View Orthopedics
2301 Mt. View Blvd
Klamath Falls OR 97601
Attn: Rose

SPACE RESERVE
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 6/08/99, at 2:42 p.m.
In Vol. M99 Page 22583
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 Emily Briggs C/O 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 Emily Briggs C/O 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	ER Consultation	\$ 77 00	\$
05/31	99	Fracture Care/lft arm	583 00	
		Recorder's filing fee:		
		Balance Due Claimant:	660 00	

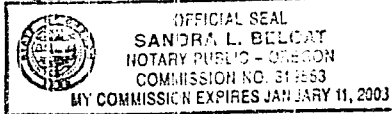
Fifteen days have not elapsed since that time (the discharge of Patient from the hospital). Claimant's demands for care and service are in the sum of \$ 660.00. No part thereof has been paid, except \$-0-. There is now due and owing and remaining unpaid thereupon, after deducting all credits and offsets, the sum of \$ 660.00, in which amount lien is hereby claimed.

Mountain View Orthopedics & Sports Medicine, Claimant.

By [Signature] 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 & Sports 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 5th day of June, 1999



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.