

1999 JUN 14 PM 1:24

HOSPITAL LIEN

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NOTICE IS HEREBY GIVEN, That

MERLE WEST MEDICAL CENTER

of Klamath Falls, Oregon has rendered services in hospitalization for Sherry Briggs
a person who was injured on the 31st day of May, 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 MWH and not
limited to other MWH 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 31st day of May, 1999, and the 3rd day of June, 1999.Mc Sherry Briggs

In Account with Claimant:

		Dr.	Cr.
	ACCOUNT NO <u>2010 70 9582</u>		
	Balance Due Claimant:	\$	<u>8746.56</u>

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 \$ 8746.56
Dollars and that no part thereof has been paid, except NONE Dollars and that there
is now due and owing and remaining unpaid thereof, after deducting credits and offsets the sum of \$ 8746.56
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 MWH
Claimant

STATE OF OREGON

County of KLAMATH

ss.

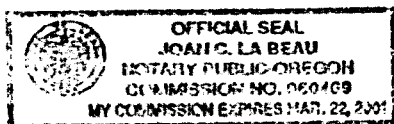
I, Barbara Hart for MWH

, 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 14th day of June, 1999



Joan C La Beau
Notary Public for Oregon

My commission expires 3-22-2001

Hospital Lien

STATE OF OREGON,

County of _____

I certify that the within instrument was
received for record on the _____ day of _____, 19____, at _____
o'clock _____ M., and recorded in book _____
on page _____ of said County.

Witness my hand and seal of County
affixed.

State of Oregon, County of Klamath
Recorded 6/14/99, at 1:24 p.m.
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Linda Smith,
County Clerk Fees \$5.00