

NOTICE IS HEREBY GIVEN, That **MERLE WEST MEDICAL CENTER** of KLAMATH FALLS, OREGON has rendered services in hospitalization for Brewster Jerome 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 MVA and not limited to other MWMC 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 7th day of June, 1999.

Mr. Brewster Jerome Briggs

In Account with Claimant:		Dr.	Cr.
	ACCOUNT NO. <u>2010709579</u>		
	Balance Due Claimant:	\$ <u>16925.84</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 \$16925.84 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 \$16925.84 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 MWMC
Claimant

STATE OF OREGON

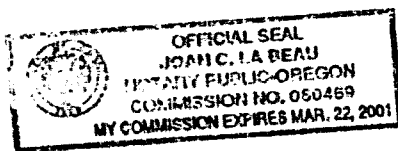
County of KLAMATH } ss.

I, Barbara Hart for MWMC, 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 21st 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.

County Clerk

Deputy

State of Oregon, County of Klamath
Recorded 6/21/99, at 1:47 P m.
In Vol. M99 Page 24314
Linda Smith,
County Clerk

Fee \$ 5.00 50