

NOTICE IS HEREBY GIVEN, That o.c MERLE WEST MEDICAL CENTER
of KLAMATH FALLS, OREGON has rendered services in hospitalization for Annie Vestal O'Neil
a person who was injured on the 25th day of June, 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 but
any insurance or third party payer in relation to this MWC and
not limited to other MWC 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 25 day of, June, 1999, and the 30th day of June, 1999.

Ms Annie Vestal O'Neil

In Account with Claimant:		Dr.	Cr.
ACCOUNT NO. <u>2010719465</u>			
Balance Due Claimant:		\$ <u>13469.26</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 \$ 13469.26
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 \$13469.26
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 MWC
Claimant

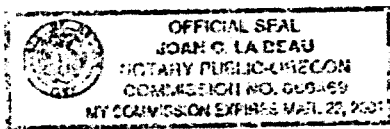
STATE OF OREGON

County of KLAMATH } ss.
Barbara Hart for MWC

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 1st day of July, 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 7/06/99, at 1:12 p m.
In Vol. M99 Page 26895
Linda Smith,
County Clerk Fee \$ 5.00 SW