

1999 JUL -7 PM 11:54

HOSPITAL LIEN

NOTICE IS HEREBY GIVEN, That

MERLE WEST MEDICAL CENTER^{or}of KLAMATH FALLS, OREGON has rendered services in hospitalization for Walter Miles Kellya person who was injured on the 27th day of June, 1999, in the City of _____County of Josephine, State of Oregon and the said MERLE WEST MEDICAL CENTERhereby 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 22nd day of June, 1999, and the 1st day of July, 1999.Mr. Walter Miles Kelly

In Account with Claimant:

Dr.

Cr.

ACCOUNT NO. 2010 719723

Balance Due Claimant:

\$ 16,989.10That 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 \$ 16,989.10Dollars 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 \$ 16,989.10 Dollars, in which amount lien is hereby claimed.

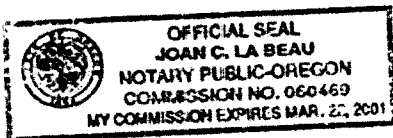
If the injured person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any insurance proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.

Barbara Hart for MWMC
Claimant

STATE OF OREGON

County of KLAMATH } ss.1. 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 CenterSubscribed and sworn to before me this 27th day of July, 1999Joan C La Beau
Notary Public for OregonMy 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 _____ Record of _____ of said County.

Witness my hand and seal of County _____ affixed.

County Clerk

Deputy

State of Oregon, County of Klamath
Recorded 7/07/99, at 1:54 p.m.
In Vol. M99 Page 27106
Linda Smith,
County Clerk Fees 5⁰⁰