NOTICE IS HERREY GIVEN. That  Of KLAMATH FALLS. ORIGINO has respected sendors in hospitalization for John County of Michael and Sendors in hospitalization for John County of Michael and Sendors in hospitalization for John County of Michael and Sendors in hospitalization for John County of Michael and Sendors in hospitalization for John County of Michael And The Michael County in Michael County of Michael County o			1999 JUL 19 PH 1: 55 HOSPITAL LIEN	
of KLAMATH FALLS, OREGON has rendered services in hospitalization for John Pauge Office of a person who was injured on the 35 day of June 1, 19 1 in the City of John Pauge Office of the County of John Pauge Office of the Count		NOTIC	E IS HEREBY GIVEN, That MERI F WEST MEDICAL CENTER	
County of Klawach State of Deepon and the said MERILE WEST MEDICAL CENTER hereby claims a lien upon any money due or owing or any claim from the person of the said injuries and/or any claim from the person corporation or association liable for said injury or obligated to compensate the said injuries and/or any other person, corporation or association liable for said injury or obligated to compensate the said injuried person on account of said injuries. The hospitalization was rendered to the said injured person between the design of the said injury or obligation was rendered to the said injured person between the design of the said injured person is captured by the said injured by the said injured by the said injured by the said injury or said inju		of KLAI	MATH FALLS, OREGON has rendered services in hospitalization for Idhi	
hereby claims a lien upon any money due or owing or any claim from any facing to the characteristic factory fa		a perso	n who was injured on the 35 day of turce, 1949, in the City of	
In Account with Claimant:  That lifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant:  In Account NOZa/o 79 47/  Balance Due Claimant:  That lifteen days have not elapsed since the time (the completion of said hospitalization); that the claimants demands for said care and/or services is in the sum \$\frac{\psi}{2} \text{ Account NOZa/o 79 47/}  Bollars and that no part thereof has been paid, except			THE PROPERTY OF STREET WEST MEDICAL CENTER	
alleged to have caused said injuries and/or arr, other person, corporation or association liable for said injury or obligated to compensate the said injuried person on account of said injuries. The hospitalization was rendered to the said injuried person between the 3th day of 12 and the 2 day or 12 day or 18 day of 18 day o		-125	avance of third faity payor in related to this will and us	4
Sald injured person between the 35 day of 12 ML 1991, and the 35 day of 1991.  Mr. John Dougles O'Ne'    In Account with Claimant:				
That fifteen days have not elapsed since the time the completion of said hospitalization; that the claimant:    Balance Due Claimant:   F 77803, 37		obligate	d to compensate the said injuried person on account of said injuries. The pospitalization was readered to use	or
In Account with Claimant:  In Account with Claimant:  Dr. Cr.  ACCOUNT NOZO 10 719 477  Balance Due Claimant:  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 4 1803.37  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 47 7803.37  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 Mumc Claimant  STATE OF OREGON  County of KLAMATH  Sa.  County of		said inju	red person between the 35th day of 12me 1999, and the 12th day of July 1999	e
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 of 18803.37  Dollars and that no part thereof has been paid, except		Mr. Jo	hn Douglas O'Neil	
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 ##7803.37  Dollars and that no part thereof has been paid, except		<del></del>	VI.	
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 \$\int \frac{\pmu}{2803.37}\$  Dollars and that no part thereof has been paid, except			ACCOUNT NO.Z010719471	]
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 \$\frac{\pmu}{2}\frac{\pmu}{8}\text{0.3.3.7}\$  Dollars and that no part thereof has been paid, except			Balance Due Claimant:	1
Dollars and that no part thereof has been paid, except			# 177803, 37	_
Dollars and that no part thereof has been paid, except				
Dollars and that no part thereof has been paid, except		That fifte	een days have not elapsed since the time (the completion of said hospitalization); that the claimant's	s
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.    County of   KLAMATH   St.		Dollars a	and that no part thereof has been paid except	-
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.    County of		is now di	ie and owing and remaining unpaid thereof, after deducting credits and offsets the sum of $478/3.37$	<del>)</del>
STATE OF OREGON  County of  I. Batbara Hart for MUMC  I. Beau  Subscribed and believe the same to be true.  Subscribed and sworn to before me this 19 day of Yuly  I. Batbara Hart for Mumc  Subscribed and sworn to before me this 19 day of Yuly  I. Batbara Hart for Mumc  Subscribed and sworn to before me this 19 day of Yuly  I. Batbara Hart for Mumc  Subscribed and sworn to before me this 19 day of Yuly  I. Batbara Hart for Mumc  Subscribed and sworn to before me this 19 day of Yuly  I. Batbara Hart for Mumc  Subscribed and sworn to before me this 19 day of Yuly  NOTHICH SEAL  JOHN C. LA BEAU  NOTHICH S		Dellars, i	n which amount lien is hereby claimed.	-
STATE OF OREGON  County of KLAMATH  I. Barbara Hart for Mumc , being first culy 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 Mumc , being first culy 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 Mumc , being first culy 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.  Subscribed and sworn to before me this 19 day of July , 19 49  OFFICIAL SEAL JOHN COMMISSION NO. 090439  NOTABLE PUBLIC JERSON NO. 090439  NY COMMISSION NO. 090439  MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /		If the inju	red person is covered by Medicare, this Hospital Lien Notice is not intended to claim or perfect a lien on any	,
STATE OF OREGON  County of KLAMATH  I, Barbara Hart for MUMC, being first cluly 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.  Rankara Hart for Mark Marked Content  Subscribed and sworn to before me this 19th day of Yuly, 1999  OFFICIAL SEAL JOIN C. LA BEALS  JOHN C. LA BEALS  JOHN C. LA BEALS  MY COMMISSION NO. 098489  MY COMMISSION EXPIRES MAR. 22, 2011  My commission expires 3 - 2 2 - 200 /		ii isai ario	s proceeds from, or insurer's obligations under, the liability coverage of an insurance policy.	
STATE OF OREGON  County of KLAMATH  I, Barbara Hart for Mumc, 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.  Rankara Hart for Mark Marked Content  Subscribed and sworn to before me this 19th day of July 1999  OFFICIAL SEAL JOIN C. LA BEAL JOIN C. LA BEAL JOIN C. LA BEAL JOIN C. LA BEAL JOIN C. CARMSSION NO. 096439  MY COMMISSION EXPIRES MAR. 22, 2011  My commission expires 3 - 2 2 - 200 /			Bachara Hart Ca 14 11 1140	
County of KLAMATH  I, Battara Hart for MWMC , being first cluly 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.  Bankara Hart for Mark Medical Content  Subscribed and sworn to before me this 19th day of Yuly , 19 99  OFFICIAL SEAL JOAN C. LA BEAU SOUNCE COMMISSION EXPIRES MAR. 22, 2001.  My commission expires 3 - 2 2 - 200 /			Claimant	-
County of KLAMATH  I. Ratera Hart for MWMC , being first cluly 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.  Bankara Hart for Mark West Medical Content  Subscribed and sworn to before me this 19th day of Yuly , 19 99  OFFICIAL SEAL JOING LA BEALS NOTIFIED NO. 090459  INTERMINENCE MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /		•••		
Country of I. Batlara Hart For M. W.M.C., being first cluly 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.  Bankara Hart for Medical Canter  Bankara Hart for Medical Canter  Subscribed and sworn to before me this 19th day of July 1999  OFFICIAL SEAL JOAN C. LA BEAU NOTARY PUBLIC OFFICIAL  MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3-22-200/		STATE C		
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.    Carbona Hart for Mosle West Mechan Content			County of	
Subscribed and sworn to before me this 19th day of July 1999  OFFICIAL SEAL JOAN C. LA BEAU NOTARY PUBLIC-DRESON COMMISSION NO. 950489  MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3-22-200/		That Lan	, Delig hist Culy Swoth Old data Sav.	
Subscribed and sworn to before me this 19th day of July 1999  OFFICIAL SEAL JOHN C. LA BEARS NOTARY PUBLIC JREGON CONTINUES MAR. 22, 2001  My commission expires 3-22-2001  My commission expires 3-22-2001		contents t	hereof and believe the same to be true.	
OFFICIAL SEAL  JOAN C. LA BEAU  JOAN C. LA BEAU  NOTARY PUBLIC-DREGON CONTAINSSION NO. 050469 MY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /			$\mathbb{R}^{0}$	
OFFICIAL SEAL  JOAN C. LA BEAU  JOAN C. LA BEAU  NOTARY PUBLIC-DREGON CONTRISSION NO. 090489 AN COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /			Dr. Nova Hest for Mark West Medical Conter	)
OFFICIAL SEAL  JOAN C. LA BEAU  JOAN C. LA BEAU  NOTARY PUBLICAPREGON CONTRISSION NO. 090469  NY COMMISSION EXPIRES MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /			Subscribed and sworn to before me this 19th day of July 19 99	
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My commission expires MAR. 22, 2001  My commission expires 3 - 2 2 - 200 /	a.va	ABA	OFFICIAL SEAL CLU La Beau	
My commission expires 3-22-200/		<b>医胶</b> 炉 NOT	RRY PUBLIC-OREGON	
35. S.			ISSION EXPIRES MAR. 22, 2001 <sup>§</sup>	
FOSDITAL LIER  I certy, that the within instrument was a feeded in book with the seed of County Clerk  Witness my hand and seed of County Clerk  Witness my hand and seed of County C.  The seed of County C.  Witness my hand and seed of County C.  Witness my hand seed of C.  Witness my			My commission expires	
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