

1999 JUL 19 PM 1:55

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 John Douglas 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 CENTERhereby claims a lien upon any money due or owing or any claim from any responsible party be it any insurance or third party payor in relation to this MWM and not limited to other MWM 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 25th day of June, 1999, and the 25th day of July, 1999.Mr. John Douglas O'Neil

In Account with Claimant:

Dr.

Cr.

ACCOUNT NO. 2010719471

Balance Due Claimant:

\$ 47803.37That 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 \$47803.37Dollars 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 \$47803.37 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 MWM
Claimant

STATE OF OREGON

County of

KLAMATH

ss.

I, Barbara Hart for MWM

, 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 19th day of July, 1999OFFICIAL SEAL
JOAN C. LA BEAU
NOTARY PUBLIC-OREGON
COMMISSION NO. 950469
MY COMMISSION EXPIRES MAR. 22, 2001Joan C. La Beau
Notary Public for OregonMy commission expires 3-22-2001

Hospital Lien

STATE OF OREGON,

County of

ss.

I certify that the within instrument was

received for record on the

day of

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 7/19/99, at 1:55 p. m.
In Vol. M99 Page 28672Linda Smith,
County Clerk

Fee \$5.00 KR