

NOTICE IS HEREBY GIVEN, That cc **MERLE WEST MEDICAL CENTER** of **KLAMATH FALLS, OREGON** has rendered services in hospitalization for Thomas Roberts a person who was injured on the 20 day of April, 2000, in the City of Klamath 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 claim 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 20 day of April, 2000, and the 20 day of April, 2000

Mr. _____

In Account with Claimant:			Dr.	Cr.
		ACCOUNT NO. <u>2010831951</u>		
		Balance Due Claimant: <u>\$ 5756.64</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 \$ 5756.64 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 \$ 5756.64 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.

Meredyth Hurt for MWMC
Claimant

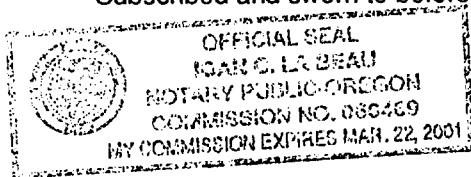
STATE OF OREGON

County of KLAMATH } ss.

I, Meredyth Hurt, 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.

Subscribed and sworn to before me this 1st day of May, 19 2000



Joan C La Beau
Notary Public for Oregon

My 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 _____, 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

State of Oregon, County of Klamath
Recorded 05/01/00, at 3:30 p m.
In Vol. M00 Page 15499
Linda Smith,
County Clerk Fee \$ 16.00