

HOSPITAL LIEN

15500

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NOTICE IS HEREBY GIVEN, That

MERLE WEST MEDICAL CENTER

of KLAMATH FALLS, OREGON has rendered services in hospitalization for Wesley Ivie
 a person who was injured on the 27 day of March, 192000 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 27 day of March, 192000 and the 17 day of April, 192000

Mr. _____

In Account with Claimant:

Dr.

Cr.

		ACCOUNT NO. <u>2010821746</u>		
		Balance Due Claimant: <u>\$ 117,079.96</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 \$ 117,079.96

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 \$ 117,079.96
 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.

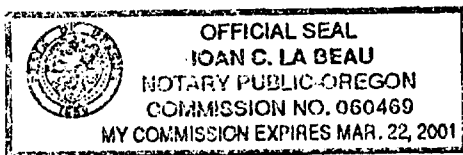
Meredyth Hurt for MWMC
 Claimant

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.
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Linda Smith,
 County Clerk Fee \$ 16.00