NOTICE OF PHYSICIAN'S LIEN

To the County Clerk of Tulsa, Oklahoma; pursuant to Okla. Stat. tit. 42 § 46, please enter this lien on the Mechanics and Materialman's lien docket. This lien concerns amounts due to Physician for services rendered to below named patient relating to injuries sustained by patient arising from an accident that occured on 2009-02-18. This lien is not being asserted against any real property owned by Patient, but rather Physician hereby places the following parties on notice that this lien is being asserted against any recovery or sum had or collected or to be collected by said patient, their heirs, personal representatives, or their estate, whether Patient's remedy for said accident is made by settlement, compromise, judgement or court award.

I SICIAN S LIEN	For Courts Use Only
Ahoma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ints due to Physician for services relating to injuries sustained by at occured on 2009-02-18. This lien real property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or nedy for said accident is made by cor court award.	
X Attached bill is not final lien. An an	nended lien to follow.
☐ Attached bill is the final lien.	
☐ This lien ammends lien no. L200900	3083, because:
	olicy or Claim no.:
None	
Α	djuster:
,	
Defendant's Insurer: P	olicy or Claim no.:
	1013612004
PO Box 268994 A	djuster:
Okla. City, OK 73126-8994	faria Carattina
Other Party's Insurer: P	olicy or Claim no.:
A	djuster:
,	
Lloyd Benedict 4325 East 51st ste 103 Tulsa, Ok 74136	
Make Checks Pavabla	To: Cate Chiropractic Center
Tax ID Number:	73-1443096
Telephone Number:	(918) 747-2225
06007044\ Physician Signature:	(210) 171-2223
CA COUNTY!	<u> </u>

D

otary Public

ounty and State, personally appeared the above Physician, Known

☐ Attached bill is the final lien.	
☐ This lien ammends lien no. L200	09003083, because:
Patient's Insurer:	Policy or Claim no.:
None	•
	Adjuster:
,	
Defendant's Insurer:	Policy or Claim no.:
Farmers Insurance Group	#1013612004
PO Box 268994	Adjuster:
Okla. City, OK 73126-8994	Maria Carattina
Other Party's Insurer: None	Policy or Claim no.:
	Adjuster:
,	
Lloyd Benedict 4325 East 51st ste 103 Tulsa, Ok 74136	
	Patient's Insurer: None Defendant's Insurer: Farmers Insurance Group PO Box 268994 Okla. City, OK 73126-8994 Other Party's Insurer: None , Lloyd Benedict 4325 East 51st ste 103

to be the same and identical person signed of his own free act and accord and for the use and put therein set forth. In witness thereof, I have affixed my hand and official seal on this day of

My commission no. 06007044 expires on 2010-07-17

2828 E 51st S

Tulsa, OK

Address:

State of Oklahoma)

Before me, a Notary Public,

to be the same and identical per

County of Tulsa)