

NOTICE OF PHYSICIAN'S LIEN

For Courts Use Only

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 occurred on 2009-04-11. 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.

☒ Attached bill is **not** final lien. An amended lien to follow.

Lien Amount \$700.0

☐ Attached bill is the final lien.

☐ This lien amends lien no. , because:

Patient: James Schmidt 13821 E 24th Pl Tulsa, Ok 74134	Patient's Insurer: State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101	Policy or Claim no.: 36A614301 Adjuster: Sharon Robertson
--	--	--

Defendant: ,	Defendant's Insurer: None	Policy or Claim no.: Adjuster:
------------------------	-------------------------------------	---

Other Responsible Party: ,	Other Party's Insurer: None	Policy or Claim no.: Adjuster:
--------------------------------------	---------------------------------------	---

Patients Attorney (If Known): Scott Hjelm 717 S Houston Tulsa, Ok 74127

Physician: Thomas E. Cate, DC
Address: 2828 E 51st Street, Suite 103
Tulsa, Oklahoma

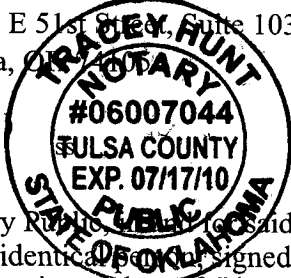
Make Checks Payable To: Cate Chiropractic Center

Tax ID Number: 73-1443096

Telephone Number: (918) 747-2225

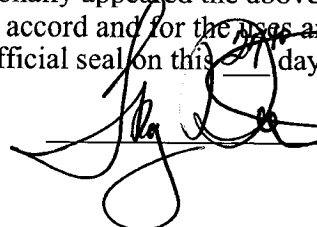
Physician Signature: 

State of Oklahoma
County of Tulsa)



Before me, a Notary Public, in said County and State, personally appeared the above Physician, Known to be the same and identical person, signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this 27th day of April, 2009

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


Notary Public