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 2009-07-08. 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.

Lien Amount \$450.0

Before me, a Notary Public

to be the same and identify

therein set forth. In witness

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

YSICIAN'S LIEN	For Courts Use Only	
thoma; 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 2009-07-08. This lien eal 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 a or court award.		
X Attached bill is not final lien. An an	mended lien to follow.	
☐ Attached bill is the final lien.		
☐ This lien ammends lien no., becaus	e:	
Patient's Insurer:	Policy or Claim no.:	
J I	90873	
	Adjuster:	
Okla. City, OK 73172-5530	lark	
Defendant's Insurer:	Policy or Claim no.:	
Safeco #	\$ 305862504017	
PO Box 515097	Adjuster:	
Los Angelas, CA 90051	Denise Hanten	
Other Party's Insurer:	Policy or Claim no.:	
None		
	Adjuster:	
,		
: unknown		
DC Make Checks Payable et, Suite 103 Tax ID Number:	To: Cate Chiropractic Center 73-1443096	

unty and State, personally appeared the above Physician, Known

day o

Notaly Public

If his own free act and accord and for the uses and purposes

affixed my hand and official seal on his

☐ This lien ammends lien no., because:		
Patient:	Patient's Insurer:	Policy or Claim no.:
Mary Cook	Mercury Ins. Group	90873
11123 E 43rd apt #1805	PO Box 725530	Adjuster:
Tulsa, Ok 74146	Okla. City, OK 73172-5530	Mark
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Brenda Horton	Safeco	#305862504017
Dionau Horton	PO Box 515097	Adjuster:
,	Los Angelas, CA 90051	Denise Hanten
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:
	- 1	Adjuster:
,	,	
Patients Attorney (If Known): unknown		
Physician: Thomas E. Cate, DC Make Checks Payable To: Cate Chiropractic Center Address: 2828 E 51st Street, Suite 103 Tax ID Number: 73-1443096		
Address: 2828 E 51st Stre	eet, Suite 103 Tax ID Number:	73-1443096
Tulsa, OK 7410	Telephone Number	, ,
State of Oklahoma)	Physician Signatu	ere: 6
	06007044\	