## NOTICE OF AMENDED 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 2009-01-06. 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.

ED PHYSICIAN'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 2009-01-06. This lien real property owned by Patient, but following parties on notice that this acovery or sum had or collected or to theirs, personal representatives, or nedy for said accident is made by at or court award.		
X Attached bill is <b>not</b> final lien. An an	nended lien to follow.	
☐ Attached bill is the final lien.		
X This lien ammends lien no. L200900	0557, because: Amending Amount	
	olicy or Claim no.:	
Jone Adjuster:		
,		
Defendant's Insurer: P	olicy or Claim no.:	
The Hartford P	A8341445	
DO D 11061	3:4	

Tulsa, OK 74112	,		
Defendant:	Defendant's Insurer:	Policy or Claim no.:	
Glenna Miller	The Hartford	PA8341445	
	PO Box 14261	Adjuster:	
,	Lexington, KY 40512	Jackie	

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

Patients Attorney (If Known):	unknown
	,

Physician:

Thomas E. Cat

Make Checks Payable To: Cate Chiropractic Center

Address:

2828 E 51st

Tax ID Number: 73-1443096

Tulsa, OK

**Telephone Number:** (918) 747-2225

State of Oklahoma) County of Tulsa)

Lien Amount \$2350.0

Patient:

Raul Uria

4337 E 5th st

Physician Signature:

Before me, a Notary Public County and State, personally appeared the above Physician, Known gned of his own free act and accord and for the ases and purposes to be the same and identical perso therein set forth. In witness thereof, I have affixed my hand and official seal of this

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

Notary Public