## 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 2011-09-20. 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.

For Courts Use Only		

	X Attached bill is <b>not</b> final lien. An amended lien to follow.		
Lien Amount \$1815.0	☐ Attached bill is the final lien.		
	☐ This lien ammends lien no., b	ecause:	
Patient:	Patient's Insurer:	Policy or Claim no.:	
Erin Lynam	State Farm Ins. Co.	36053P110	
7003 E 48th Pl	PO Box 661006	Adjuster:	
Tulsa, Ok 74145	Dallas, Tx 75266	Jodi Sullivan	
Defendant:	Defendant's Insurer:	Policy or Claim no.:	
Tammy Friend	Shelter Insurance	AT732661	
	6008	Adjuster:	
,	Columbia, MO 65205-6008	Tonya Lazzaro	
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:	
		Adjuster:	
Patients Attorney (If Know	n): Robert Rode		
	400 S Boston ave ste	500	

Address: 2828 F

Thomas

Make Checks Payable To: Cate Chiropractic Center

Tax ID Number:

Tulsa, Ok 74105

73-1443096

**Telephone Number:** 

(918) 747-2225

Physician Signature:

State of Oklahoma )
County of Tulsa)

Physician:

Before me, a Notary Rippin in and for said County and State, personally appeared the above Physician, Known to be the same and identical purposes and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of w, 20

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

Notary Public