## 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 2009-07-26. 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 \$185.0

Physician:

State of Oklahoma) County of Tulsa)

Before me, a Notary Pul

Address:

Thomas E. Cat

2828 E 51s

Tulsa, OK

to be the same and identical person,

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 and the state of the physician for services a relating to injuries sustained by at occured on 2009-07-26. 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 needy for said accident is made by or court award.		
X Attached bill is <b>not</b> final lien. An	amended lien to follow.	
☐ Attached bill is the final lien.		
☐ This lien ammends lien no., becau	se:	
Patient's Insurer:	Policy or Claim no.:	
None		
,	Adjuster:	
Defendant's Insurer:		
	Policy or Claim no.:	
Farmers Insurance Group PO Box 268994	1014433797	
Okla. City, OK 73126-8994	Adjuster:	
Okla. City, OK 73120-6994		
	Policy or Claim no.:	
None		
	Adjuster:	
2		
Robert Rode 400 S Boston ave ste Tulsa, Ok 74103		
Make Checks Payable Tax ID Number: Telephone Number: Physician Signatures	e To: Cate Chiropractic Center 73-1443096 (918) 747-2225	

☐ This lien ammends lien no., because:		
Patient:	Patient's Insurer:	Policy or Claim no.:
Soloman Harris	None	•
6024 S Sante Fe		Adjuster:
Tulsa , OK 74107	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Suzanne Owen	Farmers Insurance Group	1014433797
	PO Box 268994	Adjuster:
,	Okla. City, OK 73126-8994	
Other Responsible Party:	Other Party's Insurer: None	Policy or Claim no.:
		Adjuster:
,	,	
Patients Attorney (If Known)	Robert Rode 400 S Boston ave ste Tulsa, Ok 74103	

therein set forth. In witness thereof, I have affixed my hand and official seal on this

**Telephone Number:** Physician Signature:

ounty and State, personally appeared the above Physician, Known

**Notary Public** 

signed of his own free act and accord and for the uses and purposes