## 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 2009-04-24. 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 \$770.0

3738 S 194th E ave

Broken Arrow, Ok 74014

Patient:

John Hill

Defendant:

YSICIAN'S LIEN		
		For Courts Use Only
Mechanics and Materialman's lien and to Physician for services relating to injuries sustained by at occured on 2009-04-24. This lien real property owned by Patient, but following parties on notice that this covery or sum had or collected or to heirs, personal representatives, or redy for said accident is made by or court award.		
X Attached b	ill is <b>not</b> final lien. An a	mended lien to follow.
☐ Attached b	ill is the final lien.	
☐ This lien ar	mmends lien no., becaus	e:
Patient's Insurer:		Policy or Claim no.:
State Farm Ins. Co.		#36A616282
PO Box 22101		Adjuster:
Tulsa, OK 74121-2101		Medpay Team
None		Policy or Claim no.:
		Adjuster:
,		
None		Policy or Claim no.:
		Adjuster:
·		
Robert Rode 324 S Main ste 600 Tulsa, Ok 74113		
DC EVINE 103 TAP	Make Checks Payable Tax ID Number: Telephone Number: Physician Signature:	<b>To:</b> Cate Chiropractic Center 73-1443096 (918) 747-2225

Other Responsible Party: Other Party's Insurer: None Patients Attorney (If Known): Robert Rode 324 S Main ste 600 Tulsa, Ok 74113 Physician: Thomas E. Cate, DC Make Checks Payable Address: 2828 E 51st Tax ID Number: Tulsa, Ol Telephone Number: Physician Signature: State of Oklahoma) County of Tulsa) Before me, a Notary P County and State, personally appeared the above Physician, Known to be the same and identifi ed of his own free act and accord and for the make and purposes

eof, Thave affixed my hand and official seal on this 2 day of the , 2007

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

therein set forth. In witness the

**Notary Public**