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 2009-06-04. 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.

Physician:

State of Oklahoma) County of Tulsa)

Before me, a Notary Pul

Address:

Thomas E. Cate, DC

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

2828 E 51st

Tulsa, Ol

to be the same and identical person

therein set forth. In witness thereo

YSICIAN'S LIEN		-
		For Courts Use Only
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ats due to Physician for services relating to injuries sustained by at occured on 2009-06-04. 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 edy for said accident is made by or court award.		
X Attached bill is not final lien. An amended lien to follow.		
☐ Attached bill is the final lien.		
☐ This lien ar	nmends lien no., becaus	se:
		Policy or Claim no.:
None		
		Adjuster:
,		
Defendant's Insurer:		Policy or Claim no.:
State Farm Ins. Co.		36A6260001
PO Box 22101		Adjuster:
Tulsa, OK 74121-2101		Team 7
Other Party's Insurer: Policy or Claim no.:		Policy or Claim no.:
None		A di
		Adjuster:
,		
Robert Rode 324 S Main ste 600 Tulsa, OK 74103		
DC Make Checks Payable To: Cate Chiropractic Center		
Sule 103	Tax ID Number:	73-1443096
	Telephone Number:	(918) 747-2225
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Physician Signature:	•
007044\		\$
A COUNTY	-	

Lien Amount \$1555.0 Attached bill is the final lien. ☐ This lien ammends lien no., because Patient: Patient's Insurer: Teresa Hughart None 612 W Overholt Dr Sand Springs, Ok 74063 **Defendant:** Defendant's Insurer: Avery Guthrie State Farm Ins. Co. PO Box 22101 Tulsa, OK 74121-2101 Other Responsible Party: Other Party's Insurer: None Patients Attorney (If Known): Robert Rode 324 S Main ste 600 Tulsa, OK 74103

have affixed my hand and official seal on this

County and State, personally appeared the above Physician, Known

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