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 2009-01-03. 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 \$2285.0

Patient:

Jurlene Foster

Defendant:

County of Tulsa)

22555 S Pecan Ct

Claremore, OK 74019

Other Responsible Party:

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YSICIAN'S LIEN	For Courts Use Only
thoma; pursuant to Okla. State Mechanics and Materialmar and the to Physician for second relating to injuries sustain at occured on 2009-01-03. The real property owned by Patie following parties on notice the covery or sum had or collected heirs, personal representative and the covery of the real accident is matter than the covery of the real accident is matter than the real accident and the real accident is matter than the real accident in the real accident is matter than the real accident is matter than the real accident in the real accident is matter than the real accident in the real accident is matter than the real accident in the real accident is matter than the real accident in the real accident is accident in the real ac	a's lien ervices and by this lien ent, but that this ed or to eves, or
X Attached bill is not final?	lien. An amended lien to follow.
☐ Attached bill is the final l	ien.
☐ This lien ammends lien no	o., because:
Patient's Insurer:	Policy or Claim no.:
Oklahoma Farm Bureau	PAM199133-1
10777 S Memorial Dr ste D	Adjuster:
Tulsa, OK 74133	
Defendant's Insurer:	Policy or Claim no.:
Liberty Mutual	#10409353
PO Box 168368	Adjuster:
Irving, TX 75016	Brittany Ferguson
Other Party's Insurer: None	Policy or Claim no.:
TAORE	Adjuster:
,	
unknown	
,	
	S Payable To. Cote Chinemastic Contes
E Buite 103 Tax ID Num	ss Payable To: Cate Chiropractic Center diber: 73-1443096
TAN Telephone N	75 17 18 69 6
Physician Si	,
OO7044) Thysician Sig	4

Patients Attorney (If Known): unknown Physician: Thomas E. Cate, DC Make Checks Pavable Address: 2828 E 51st Tax ID Number: Tulsa, Ol Telephone Number: Physician Signature: State of Oklahoma)

Before me, a Notary Publ County and State, personally appeared the above Physician, Known

ned of his own free act and accord and for the uses and purposes to be the same and identical property therein set forth. In witness thereof, I have affixed my hand and official seal on this day of 114, 2009

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

Notary Public