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 2009-05-20. 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.

Lien Amount \$610.0

1231 S Owasso ave Tulsa, Ok 74120

Other Responsible Party:

Patients Attorney (If Known):

Patient:

Tracy Evans

Defendant:

Sheryl Boone

		For Courts Ose Only
choma; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien ints due to Physician for services relating to injuries sustained by at occured on 2009-05-20. 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 \	oill is not final lien. An	amended lien to follow.
☐ Attached l	oill is the final lien.	
— ☐ This lien a	mmends lien no., becau	ise:
Patient's Insurer:		Policy or Claim no.:
None		
		Adjuster:
,		
Defendant's Insurer:		Policy or Claim no.:
Liberty Mutual		#11297614
8130-C South Lewis		Adjuster:
Tulsa, Ok 74137		Diana Grace
Other Party	's Insurer:	Policy or Claim no.:
None		Toney of Claim no
		Adjuster:
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DС	Make Checks Pavab	le To: Cate Chiropractic Center
Spite 103	Tax ID Number:	73-1443096
~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Telephone Number:	

Physician: Thomas E. Cate. DC Make Checks Payable Address: Tax ID Number: Telephone Number: Physician Signature: State of Oklahoma) County of Tulsa) Before me, a Notary said County and State, personally appeared the above Physician, Known to be the same and identification to be the same and identification, signed of his own free act and accord and for the uses and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of the 20

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

Notary Public