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 2009-05-07. 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.

Address:

State of Oklahoma)

Before me, a Notary Public

to be the same and identical pers

County of Tulsa)

2828 E 51st Stree

Tulsa, OK 741

therein set forth. In witness thereof, One

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 ints due to Physician for services relating to injuries sustained by at occured on 2009-05-07. 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 nedy for said accident is made by at or court award.	
X Attached bill is not final lien. An a	mended lien to follow.
☐ Attached bill is the final lien.	
☐ This lien ammends lien no., becaus	e:
Patient's Insurer:	Policy or Claim no.:
AAA	121720
	Adjuster:
Oakland, CA 94623	Santanya Carter
Defendant's Insurer:	Policy or Claim no.:
Anpac	35-A1Wu516
1949 E Sunshine st	Adjuster:
Springfield, MO 65899-0001	Kristin Anderson
Other Party's Insurer: I	Policy or Claim no.:
,	Adjuster:
Robert Rode 324 S Main ste 600 Tulsa, OK 74103	
DC Make Checks Payable t Suite 193 Tax ID Number: Telephone Number: Physician Signature:	To: Cate Chiropractic Center 73-1443096 (918) 747-2225

ity and State, personally appeared the above Physician, Known

'day of l'

Notary Public

his own free act and accord and for the uses and purposes fixed my hand and official seal on this 20 day of 164.2

Attached hill is the final lien	
	201152
This hen animends hen no., be	ecause.
Patient's Insurer:	Policy or Claim no.:
AAA	421720
PO Box 24523	Adjuster:
Oakland, CA 94623	Santanya Carter
Defendant's Insurer:	Policy or Claim no.:
Anpac	35-A1Wu516
1949 E Sunshine st	Adjuster:
Springfield, MO 65899-0001	Kristin Anderson
Other Party's Insurer: None	Policy or Claim no.:
	Adjuster:
,	
Robert Rode 324 S Main ste 600	
Tulsa, OK 74103	
	AAA PO Box 24523 Oakland, CA 94623 Defendant's Insurer: Anpac 1949 E Sunshine st Springfield, MO 65899-0001 Other Party's Insurer: None , n): Robert Rode

affixed my hand and official seal on this