NOTICE OF PHYSICIAN'S LIEN

To the County Clerk of Tulsa, Oklahoma; pursuant to Okla. Stat. tit. 42 doc ren pati is n rath lien be thei sett

6, please enter this lien on the ket. This lien concerns amounted to below named patient arising from an accident that the being asserted against any ner Physician hereby places the ais being asserted against any recollected by said patient, the	e Mechanics and Materialman's lien unts due to Physician for services at relating to injuries sustained by hat occured on 2009-06-01. This lien real property owned by Patient, but to following parties on notice that this recovery or sum had or collected or to it heirs, personal representatives, or medy for said accident is made by at or court award.	
	X Attached bill is not final lien. As	n amended lien to follow.
Lien Amount \$1215.0	☐ Attached bill is the final lien.	
	☐ This lien ammends lien no., beca	ause:
Patient:	Patient's Insurer:	Policy or Claim no.:
Leah Brashear	None	
4946 S Mingo #145-G		Adjuster:
Tulsa, Ok 74146	,	
Defendant:	Defendant's Insurer:	Policy or Claim no.:
Susie Black	Farmers Insurance Group	1014121670
	PO Box 268994	Adjuster:
,	Okla. City, OK 73126-8994	Oklahoma Claims Team
Other Responsible Party:	Other Party's Insurer:	Policy or Claim no.:
o and the possible i unity.	None	Toney of Claim no
		Adjuster:
,	,	-
Patients Attorney (If Known	24	
Tadents Attorney (If Known	unknown	
	,	
Physician: Thomas E. Cate	, DC Make Checks Paya	ble To: Cate Chiropractic Center
Address: 2828 F	State 103 Tax ID Number:	73-1443096
Tulsz,	Telephone Number	: (918) 747-2225
State of Oklahoma) (#0600	. Thy steram Signature	e:
County of Tules)		
S. AIR	~ / & /	
Before me, a Notary Viole,	and said County and State, persor	nally appeared the above Physician, Know

to be the same and identical season, 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 season this day of

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

For Courts Use Only