## 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 2009-01-26. 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 \$430.0

County of Tulsa)

Before me, a Notary P

		For Courts Use Only
homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien its due to Physician for services relating to injuries sustained by it occured on 2009-01-26. 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 <b>not</b> final lien. An amended lien to follow.		
☐ Attached bil	ll is the final lien.	
☐ This lien ammends lien no., because:		
Patient's Insurer:		Policy or Claim no.:
None		i oney or Chain non
		Adjuster:
,		
Defendant's Insurer:		Policy or Claim no.:
Claims Management Inc		5735655
PO Box 1288		Adjuster:
Bentonville, AR 72712		Гyalenda Friedn
·		Policy or Claim no.:
None		Adjuster:
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unknown		
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DC tyspite 103 TAP	Make Checks Payable Tax ID Number: Telephone Number: Physician Signature:	To: Cate Chiropractic Center 73-1443096 (918) 747-2225
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**Notary Public** 

d County and State, personally appeared the above Physician, Known

Patient: Patient's Insurer: Leonard Yargee None 1027 E young Pl Tulsa, Ok 74106 Defendant's Insurer: Defendant: Walmart Claims Management Inc PO Box 1288 Bentonville, AR 72712 Other Responsible Party: Other Party's Insurer: None Patients Attorney (If Known): unknown Physician: Thomas E. Cate, DC **Make Checks Pavabl** Address: Tax ID Number: Tulsa, C **Telephone Number:** Physician Signature: State of Oklahoma)

to be the same and identical person be end of his own free act and accord and for the user and purposes

therein set forth. In witness thereof, I have affixed my hand and official seal on this

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