

NOTICE OF PHYSICIAN'S LIEN

For Courts Use Only

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 occurred on 2008-09-01. 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.

☐ Attached bill is **not** final lien. An amended lien to follow.

Lien Amount \$4855.0

☐ Attached bill is the final lien.

☐ This lien amends lien no. , because:

Patient: Milton Nunley 2405 E. 55th Pl.#20 Tulsa, OK 74105	Patient's Insurer: Farmers Insurance Group PO Box 268994 Okla. City, OK 73126-8994	Policy or Claim no.: 101275 Adjuster: Jennifer Jeter
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Defendant: , ,	Defendant's Insurer: None	Policy or Claim no.: Adjuster:
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Other Responsible Party: ,	Other Party's Insurer: None	Policy or Claim no.: Adjuster:
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Patients Attorney (If Known): ,	unknown
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Physician: Peace
Address: 3150 E. 41st Suite 113
Tulsa, OK 74105

Make Checks Payable To: Peace Chiropractic Clinic
Tax ID Number: 200585074
Telephone Number: (918) 747-2717
Physician Signature: _____

State of Oklahoma)
County of Tulsa) ss.

Before me, a Notary Public, in and for said County and State, personally appeared the above Physician, Known to be the same and identical person, 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 _____, 20____

My commission no. 09001192 expires on 2013-02-03

Notary Public