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 2009-06-01. 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.

Lien Amount \$1285.0

Patient:

Joseph Brashear

Defendant:

Susie Black

Physician:

Address:

4946 S Mingo #145-G Tulsa, OK 74146

Other Responsible Party:

Patients Attorney (If Known):

homa; pursuant to Okla. Stat. tit. 42 Mechanics and Materialman's lien atts due to Physician for services relating to injuries sustained by at occured on 2009-06-01. 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 not final lien. An	amended lien to follow.
☐ Attached bill is the final lien.	
This lien ammends lien no., becau	ise:
-	
Patient's Insurer: None	Policy or Claim no.:
None	Adjuster:
,	
Defendant's Insurer:	Policy or Claim no.:
Farmers Insurance Group	#1014121670
-	Adjuster:
PO Box 268994	U
PO Box 268994 Okla. City, OK 73126-8994	Oklahoma Claims Team
	Oklahoma Claims Team
Okla. City, OK 73126-8994	Oklahoma Claims Team Policy or Claim no.:
Okla. City, OK 73126-8994 Other Party's Insurer:	Oklahoma Claims Team
Okla. City, OK 73126-8994 Other Party's Insurer:	Oklahoma Claims Team Policy or Claim no.:
Okla. City, OK 73126-8994 Other Party's Insurer:	Oklahoma Claims Team Policy or Claim no.:
Okla. City, OK 73126-8994 Other Party's Insurer: None	Oklahoma Claims Team Policy or Claim no.:
Okla. City, OK 73126-8994 Other Party's Insurer: None , unknown	Oklahoma Claims Team Policy or Claim no.: Adjuster:
Okla. City, OK 73126-8994 Other Party's Insurer: None , unknown , DC Make Checks Payab	Policy or Claim no.: Adjuster: le To: Cate Chiropractic Center
Okla. City, OK 73126-8994 Other Party's Insurer: None , unknown	Policy or Claim no.: Adjuster:

For Courts Use Only

Physician Signature: State of Oklahoma) County of Tulsa) Before me, a Notary Publication County and State, personally appeared the above Physician, Known to be the same and identical persons and of his own free act and accord and for the persons and purposes therein set forth. In witness thereof, I have affixed my hand and official seal on this day of the 2009

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

Thomas E. Cate, DC

2828 E 51st

Tulsa, Ol