## 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 2009-01-06. 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 \$845.0

129 Spunky Creek Drive

Other Responsible Party:

Catoosa, OK 74015

Patient:

Jamie Carini

Defendant:

		For Courts Use Only
Mechanics and Materialman's lien and the services and the services are lating to injuries sustained by at occured on 2009-01-06. This lien the seal property owned by Patient, but following parties on notice that this covery or sum had or collected or to theirs, 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	bill is the final lien.	
☐ This lien a	ammends lien no., becau	se:
Patient's Insurer:		Policy or Claim no.:
State Farm Ins. Co.		36A600054
PO Box 22101		Adjuster:
Tulsa, OK 74121-2101		Eric Daniels
Defendant's Insurer:		Policy or Claim no.:
None		
		Adjuster:
,		
Other Party's Insurer:		Policy or Claim no.:
None		
		Adjuster:
,		
uı	ıknown	
,		
DC	Make Checks Payabl	e To: Cate Chiropractic Center
t Suite 103	Tax ID Number:	73-1443096
21	Telephone Number:	(918) 747-2225
- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Physician Signature:	$\bigcirc$

Patients Attorney (If Known): unknown Physician: Thomas E. Cate, DC Make Checks Pavable Address: Tax ID Number:

State of Oklahoma County of Tulsa)

EXP. 07M7

Physician Signature:

Before me, a Notary aid 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 \_\_\_\_\_\_\_, 2 day of \_\_\_\_, 20\_

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

Notary Public