

# NOTICE OF AMENDED 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 2009-05-09. 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** \$3595.0

☐ Attached bill is the final lien.

☒ This lien amends lien no. L2009007431, because: Amending Amount

<b>Patient:</b> Gloria Jones 1656 s Redbud Pl Broken Arrow, OK 74012	<b>Patient's Insurer:</b> None	<b>Policy or Claim no.:</b>  <b>Adjuster:</b>
---	-----------------------------------	---

<b>Defendant:</b> Dallas Clark	<b>Defendant's Insurer:</b> UAI PO Box 3099 Oakbrook, IL 60522	<b>Policy or Claim no.:</b> #06-224 <b>Adjuster:</b> Victoria
-----------------------------------	---	--

<b>Other Responsible Party:</b> Krystal Johnson	<b>Other Party's Insurer:</b> Anpac 1949 E Sunshine st Springfield, MO 65899-0001	<b>Policy or Claim no.:</b> 35A1XL068 <b>Adjuster:</b>
--	--	--

<b>Patients Attorney (If Known):</b>	Bret Unterschuetz 7130 South Lewis 852 Tulsa, Ok 74136
--------------------------------------	--

**Physician:** Thomas E. Cate, DC  
**Address:** 2828 E 51st Street, Suite 103  
Tulsa, Oklahoma 74112

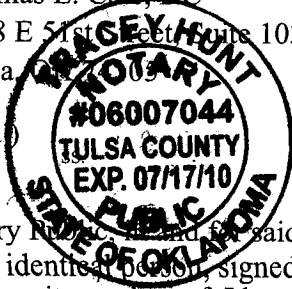
**Make Checks Payable To:** Cate Chiropractic Center

**Tax ID Number:** 73-1443096

**Telephone Number:** (918) 747-2225

**Physician Signature:**

State of Oklahoma)  
County of Tulsa)



Before me, a Notary Public in and for said County and State, personally appeared the above Physician, Known to be the same and identified 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 22 day of Sept, 2009

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

[Signature]  
Notary Public