

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 occurred on 7/19/2008. 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.

For Court Use Only

Lien Amount \$ 2,580.00

☒ Attached bill is not final amount of services. An amended lien to follow.

☐ Attached bill is the final amount for my services rendered to Patient.

☒ This lien amends lien no. **L200801180** because: **Amended Amount**

Patient: Graves, Cecil 507 S Guthrie ave Coweta, Ok 74479	Patient's Insurer: Unknown	Policy or Claim No.:
		Adjuster:

Defendant: Roberto Aranda ,	Defendant's Insurer: Allstate Insurance Company PO Box 26887 Oklahoma City, OK 73216	Policy or Claim No.: #2586651032 Adjuster: Cybil Cain
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Other Responsible Party:	Other Responsible Party's Insurer:	Policy or Claim No.:
	Unknown	
		Adjuster:
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Patient's Attorney (If Known)	Russell Lobaugh 4111 S Darlington ste 1075 Tulsa, Ok 74135
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Physician **Thomas E Cate, DC**
Address: **2828 E 51st St, Suite 103**
Tulsa, OK 74105

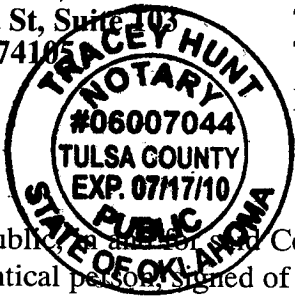
Make Checks Payable to: Cate Chiropractic Center

Tax ID Number: 73-1443096

Telephone Number: (918) 747-2225

Physician's 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 20th day of May, 2009.

My commission no. **06007044** expires on **07\17\2010**

Notary Public