

NOTICE OF AMBULANCE SERVICES LIEN

Notice is hereby given that Buck Medical Services, Inc., has provided ambulance services, as defined in ORS 87.603(2), to Joyce Faler, who resides at MP 013L Coho Ln., in the City of Cook, County of Skamania, State of Oregon, on or about the 16 day of December, 19 89, and hereby claims a lien upon the amount payable under any contract providing for indemnity or compensation of said individual for the sum incurred for those ambulance services or any portion thereof. An itemized statement of the ambulance services provided is attached as Exhibit A and incorporated herein by reference. Fifteen days have not elapsed since the date on which said ambulance services were provided. The sum incurred by the individual named above for said ambulance services is \$ 1,153.00, no part of which has been paid, except \$ 0, and there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of \$ 1,153.00, in which amount lien is hereby claimed. The amount so claimed is a true and bona fide existing debt as of the date of filing of this notice of lien. Payment for the ambulance services described herein is due December 16, 19 89.

BUCK MEDICAL SERVICES, INC.

By Deanna Fuller

STATE OF OREGON)
) SS
 COUNTY OF Skamania)

I, Deanna Fuller, being first duly sworn on oath, say: that I am MVA Clerk of the claimant named in the foregoing notice of lien; that I have read the same and know the contents thereof and believe the same to be true.

Deanna Fuller

SUBSCRIBED and sworn to before me this 28 day of December, 1989.

Cherie Lausche
 Notary Public for Oregon
 My commission expires 6/13/93
 CHERIE LAUSCHE
 NOTARY PUBLIC, OREGON
 My Commission Expires 6/13/93

The undersigned claimant hereby certifies that the foregoing is a true and correct copy of the notice of lien filed with the recording officer of the county in which the individual who received the ambulance services described above resides.

Registered p
 Indexed, or p
 Indirect p
 Filed 1-5-90
 Mailed _____

BUCK MEDICAL SERVICES, INC.

By _____

After recording, please return to the claimant at
 1240 S.E. Twelfth Avenue
 P.O. Box 15339
 Portland, Oregon 97215-0339

FILED FOR RECORD
 SKAMANIA COUNTY WASH
 BY Buck Medical Services
 JAN 3 2 25 PM '90
P. Lowry
 GARY M. OLSON

BOOK 117 PAGE 245



1240 S.E. 12th Avenue
P.O. Box 15339
Portland, Oregon 97215-0339

INVOICE

Joyce Faler
MP 013L Coho Lp.
Cook, WA 98605

AMOUNT ENCLOSED
\$

PLEASE PRINT ADDRESS CHANGE

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

PLEASE REMIT TO:

BUCK MEDICAL SERVICES, INC.
P.O. Box 15339
Portland, Oregon 97215-0339

Oregon: 503-239-0389
Washington: 206-256-8484
Toll-Free: 1-800-228-7601

VISA and MASTERCARD Accepted.

INVOICE NO.	PATIENT ID. NO.		DATE
019567590			12/16/89
DESCRIPTION PATIENT: Joyce Faler Service From: Hwy 26/Hwy 35 Service To: University Hospital ALS Base Rate 100 Miles at 6.50 per mile Recording Fee \$8.00 Total Balance Due \$1,153.00 <i>Healthcare Equipment Rental and Sales</i>			CHARGES OR CREDITS (CR) 495.00 650.00 // 1,145.00
Buck Medical Services, Inc. is an Equal Opportunity Employer. IRS No. 93-0567420			TOTAL DUE