

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 Luther 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, 1989, 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 \$ 503.00, 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 \$ 503.00, 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, 1989.

BUCK MEDICAL SERVICES, INC.

By Deanna Fuller

STATE OF OREGON

COUNTY OF Skamania

SS

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

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

Notary Public for Oregon Cherie Lausche
My commission expires 6/13/93
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.

BUCK MEDICAL SERVICES, INC.

By _____

Registered
Indexed, Air
Indexed
Filed 15-90
Mailed

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 CO WASH
BY Buck Medical Services

JAN 3 2 18 PM '90
P. Lowry
AUDITOR
GARY M. OLSON



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

INVOICE

Luther Faler
MP 013L Coho Ip.
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 I.D. NO.	DATE
019567570		12/16/89
DESCRIPTION PATIENT: Luther Faler Service From: Hwy 26/Hwy 35 Service to: Life Flight ALS Base Rate Recording Fee Total Balance Due		CHARGES OR CREDITS (CR) 495.00 \$8.00 \$503.00
Healthcare Equipment - Rental and Sales		495.00 TOTAL DUE

Buck Medical Services, Inc. is an Equal Opportunity Employer.
IRS No. 93-0567420

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