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BOOK 207 PAGE 219

FILED FOR RECORD AT THE REQUEST
OF AND WHEN RECORDED MAILED TO:
Advanced Chiropractic Centre
705 S.E. Park Crest, Suite 120
Vancouver, WA 98683

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Dr. Larry Wasilenkoff*

MAR 1 12 58 PM '01

P. Olsson
AUDITOR
GARY M. OLSON

DOCUMENT TITLE: PHYSICIAN LIEN(RCW 60.44. et seq)
REFERENCE NO. : N/A
GRANTEE: Dr. Larry Wasilenkoff
DBA Advanced Chiropractic Centre
GRANTOR(s): 1. Zurich Ins. Co. (Insurance Co.)

P.O. Box 981030

West Sacramento, CA 95798

2. Mid Columbia Asphalt (Name and Address

P.O. Box 501 of Tortfeasor)

The Dalles, OR 97058

PATIENT: Debra Dittbrenner

ADDRESS: P.O. Box 471

Stevenson, WA 98648

Accident Date: 10-12-00

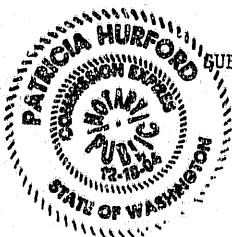
NOTICE is hereby given that the undersigned claimant who claims as a Practitioner has performed services for the above patient, whose address and domicile(state) are stated above, and which services were rendered necessary to said patient as a result of an injury which occurred on the above date, through the alleged fault of the above tortfeasor. Claimant claims a lien for the value of claimant's services which were rendered necessary, because of the following injuries suffered by the patient:

Spinal sprain/strain
(Type of Injury)

I, Larry Wasilenkoff, have read the foregoing Notice of Lien, know the contents thereof, and believe the same to be true.

DATED this 29th day of January, 2001

SUBSCRIBED & SWORN to before me this 29th day of January, 2001



(NOTARY PUBLIC for Washington)

My appointment expires: 12-18-04