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BOOK 214 PAGE 875

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

SEP 20 11 31 AM '01

AUDITOR
GARY M. OLSON

FILED FOR RECORD AT THE REQUEST
OF AND WHEN RECORDED MAILED TO:
Advanced Chiropractic Centre
705 SE Parkcrest, Ste 120
Vancouver, WA 98683

DOC. TITLE: PHYSICIAN LIEN (RCW 60.44. et seq)
REFERENCE NO.: N/A
GRANTEE: Dr. Larry L. Wasilenkoff
DBA Advanced Chiropractic Centre
GRANTOR(S): 1. Farmers Insurance Group (Ins Co.)
11112 NE 51st St., PO BOX 2409
CL#26-83940 Vancouver, WA 98662
2. Richard Beard (Tortfeasor)
c/o Farmers Insurance Group
Same as above

PATIENT: TIM ESSEX
ADDRESS: PO BOX 92
Stevenson, WA 98648

ACCIDENT DATE: 06-05-2001

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 injuries.

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

DATED this 19 day of September, 2001.

Dr. Larry L. Wasilenkoff

SUBSCRIBED & SWORN to before me this 19th day of September, 2001.

PATRICIA HUBFORD
NOTARY PUBLIC
STATE OF WASHINGTON

(NOTARY PUBLIC for Washington)
My Appointment Expires: 12-18-04