

140464

BOOK 207 PAGE 218

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 56 PM '01
Larry
AUDITOR
GARY H. 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. Farmers Ins. (Insurance Co.)

P.O. Box 2489
C1. #H2123315 Vancouver, WA 98668
2. Larry Furst (Name and Address
344 SE Kelly Ave of Tortfeasor)
Gresham, OR 97236

PATIENT: Stephanie Bergin
ADDRESS: P.O. Box 1854
White Salmon, WA 98672

Accident Date: 09/04/00

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

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