



199910110078

Kathy Hill, Skagit County Auditor

10/11/1999 Page 1 of 1 11:53:30AM

Return Address:

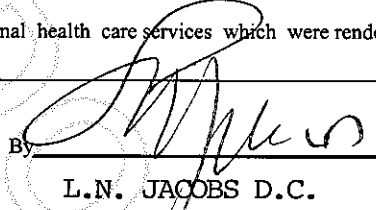
L. N. JACOBS D.C.  
2118 RIVERSIDE DR #105  
MOUNT VERNON, WA 98273-5454

**NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES**

Indexing information required by the Washington State Auditor's/Recorder's Office	(please print last name first)
Reference # (if applicable):	
Claimant: (I)	<u>L.N. JACOBS D.C.</u>
Patient (1)	<u>MICHAEL MCGHEE</u>
Tort-Fesor	<u>EKKEL KAMP/ FARMERS INSURANCE</u> Add on pg _____

NOTICE IS HEREBY GIVEN that the undersigned claimant, whose address is 2118 RIVERSIDE DR #105  
MOUNT VERNON, WA 98273-5454 has performed services for patient, MICHAEL MCGHEE, whose address is  
UNKNOWN, which services were rendered necessary to patient as the result of an injury which  
occurred at MOUNT VERNON WA on the 12th day of AUGUST 19 98 through the fault of  
of EKKEL KAMP/FARMERS INS, tort fesor, whose address is UNKNOWN

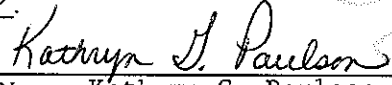
The claimant asserts a lien for the reasonable value of professional health care services which were rendered necessary  
by the following injury to patient: NECK AND BACK

By   
L.N. JACOBS D.C.

STATE OF WASHINGTON )  
  ) ss.  
County of Skagit            )

I certify that I know or have satisfactory evidence that DR JACOBS is the person who appeared before me,  
and said person acknowledged that HE signed this instrument and acknowledged it to be HIS free and voluntary act  
for the uses and purposes mentioned in the instrument.

Dated September 29, 1999.

  
Print Name Kathryn G. Paulson  
Notary Public in and for the State of Washington residing at Burlington  
My commission expires: 07-31-00

