



200105140130

Skagit County Auditor

5/14/2001 Page 1 of 2 12:38:44PM

Return Address:

HealthWorks Massage Clinic

2222 Riverside Dr. #770

MOunt Vernon, Wa 98273

# NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable): \_\_\_\_\_

Claimant: (1) Healthworks Massage Clinic

Patient (1) Shawn & Heidi Morrow (2) \_\_\_\_\_

Tort-Feasor Richard Sybrandy, Attorney Addl. on pg \_\_\_\_\_

NOTICE IS HEREBY GIVEN that the undersigned claimant, whose address is 2222 Riverside Dr. #770

Mount Vernon, Wa 98273 and who claims as a Massage Therapist has performed ser-

(State whether practitioner, physician, nurse or hospital)

vices for Shawn & Heidi Morrow, patient, whose address is

901 27th Stp Apt. 3 Anacortes, Wa 98221 and whose place of domicile is

(If unknown, state "Unknown to Claimant".)

same which services were rendered

(If same address, state "Same Address". If unknown, state "Unknown to Claimant".)

necessary to said patient as the result of an injury which occurred at the following place: Snohomish County

on the 18th day of December, 1998

(If unknown, state "Place Unknown to Claimant".)

(If date unknown, state "Date Unknown to Claimant".)

through the fault of identity unknown to claimant, tort-feasor, whose address is unknown to claimant

(If unknown, state "Identity Unknown to Claimant".)

(If the address of the person guilty of the injury is unknown, state "Unknown to Claimant".)

The claimant claims a lien for the reasonable value of claimant's said services which were rendered necessary by the following described said injury to said patient, to-wit: (State substantially the character of injury and if character of injury be unknown, state "Character of Injury Unknown to Claimant")

neck and back injuries due to MVA

(If claimant is an association, partnership or corporation, sign the name of the corporation or association or the names of the partners by the name of the individual signing the claim, and give his authority therefor, either as the officer of, or as agent for, the association or corporation, or as a member of the association or partnership. If claimant is an individual, claimant MUST sign personally.)

By

JR Broadhurst owner



Notice of Claim of Lien For Medical Services

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



Claimant

The above named claimant hereby sells, assigns, sets over and delivers unto \_\_\_\_\_, of \_\_\_\_\_, cause of action and moneys due or to become due for the performance of the services above described, and as incident thereto, hereby assigns to said assignee, the above claim of lien therefor.

ASSIGNMENT OF CLAIM



Print Name \_\_\_\_\_  
Notary Public in and for the State of Washington  
My appointment expires: 9-5-04

Dated this 1st day of May 2001

I certify that I know or have satisfactory evidence that Janet Broadhurst is the person who appeared before me, and said person acknowledged that she signed this instrument and on oath stated that she was authorized to execute the instrument and acknowledged it as the owner of \_\_\_\_\_ instrument. Weatherworks Messing to be free and voluntary act of such party for the uses and purposes mentioned in the

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,  
County of Skagit