

IN THE OFFICE OF THE COUNTY CLERK  
OF OKLAHOMA COUNTY, STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel  
DEPARTMENT OF INSTITUTIONS,  
SOCIAL AND REHABILITATIVE SERVICES,  
Plaintiff,

vs.

Lien No. 3426

SANTA FE RAILROAD  
Defendant.

STATEMENT OF LIEN CLAIMED BY STATE OF OKLAHOMA FOR MEDICAL ASSISTANCE

KNOW ALL MEN BY THESE PRESENTS: That the State of Oklahoma State Department of Institutions, Social and Rehabilitative Services under authority of S.B. No. 311, 2nd Session, Thirty-second Legislature (56 O.S. Supp. 1970, Sec. 200), and pursuant to Title XIX, U. S. Social Security Act, Section 1902(a) (25) claims a lien in the amount of \$ 14,298.72 as a result of medical and hospital expenses paid by the

Department and for any additional amounts which have or may yet be paid by the Department for the benefit of Michael K. Nelson (Recipient) against any monies due or to be paid to him/ her by

Santa Fe Railroad  
(Defendant)

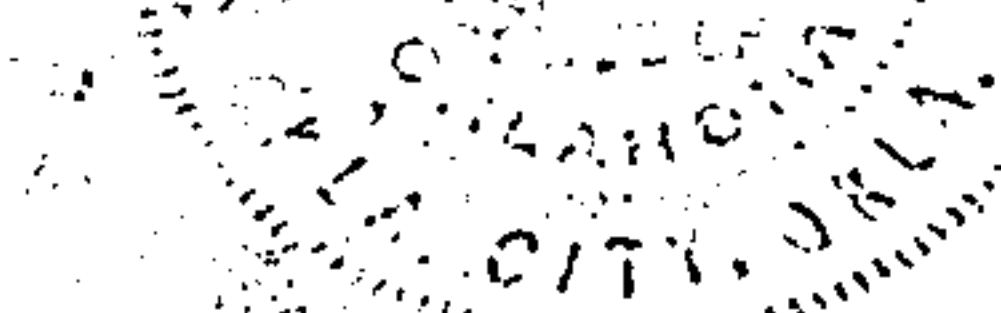
and/or \_\_\_\_\_ in settlement of claims arising out of an accident which occurred on or about \_\_\_\_\_

December 24, 1978 in Davis, Oklahoma. The medical and hospital expenses paid by the Department were incurred as a result of treatment required by injuries received in this accident.

*Nita R. Giles*  
NITA R. GILES  
Attorney for  
State Department of Institutions,  
Social and Rehabilitative Services  
(405) 521-3638

Subscribed and sworn to before me on the 6th day of September, 1979.

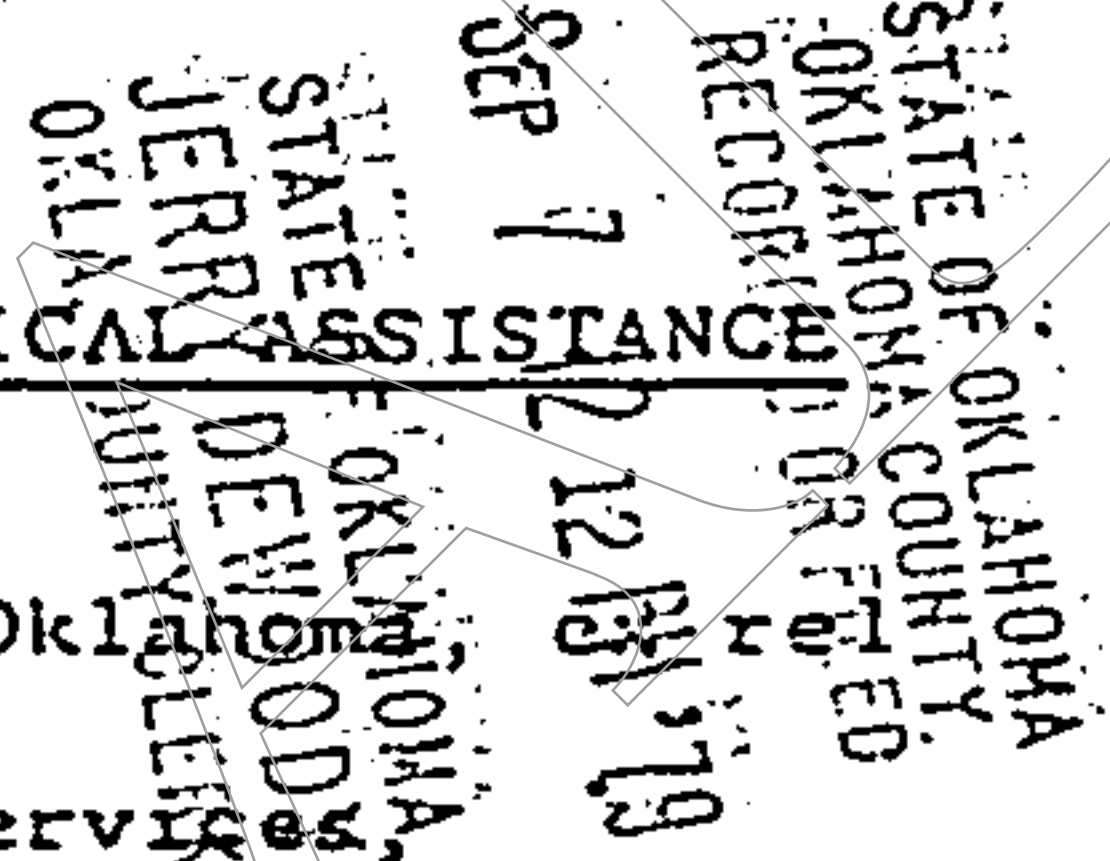
1979. PUBLIC



*Susan Heaven*  
Notary Public

My Commission expires:

December 17, 1980



NOTICE OF FILING STATEMENT OF LIEN

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TO: Michael K. Nelson  
Route D  
Wynnewood, OK 73098

Harry Bryan, Esq:  
Box 25  
Pauls Valley, OK 73075


William A. Robinson, Esq.  
Oil Center, West  
Suite 508  
2608 Northwest Expressway  
Oklahoma City, OK 73112

Mr. Walter Vickers, Claims Agent  
Santa Fe Railroad  
Box 1205  
Gainsville, TX 76240

You are hereby notified that the above Statement of Lien was filed in the Office of the County Clerk of Oklahoma County, Oklahoma, on the date shown on the official stamp, and that the Lien will be enforced by the State of Oklahoma.

I hereby certify that a true and correct copy of the above Statement of Lien was mailed to each of the above-named parties.

Dated this 10th day of September, 1979.

  
\_\_\_\_\_  
NITA R. GILES

Medical Assistance For  
NELSON, Michael K.  
CCU-687590

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<u>Vendor</u>	<u>Dates of Assistance</u>	<u>Amount to be Reimbursed D.I.S.R.S.</u>
Vance Robideaux, M.D.	01-25-77	\$ 336.70
John R. Danstrom, M.D.	12-27-78 through 01-31-79	669.25
Mercy Health Center	01-19-79 through 02-02-79	4,590.56
Mercy Health Center	01-04-79 through 01-18-79	4,590.56
Mercy Health Center	12-25-78 through 01-03-79	<u>4,111.65</u>
	TOTAL	<u>\$14,298.72</u>