



*****NOTICE OF PHYSICIAN'S LIEN RELEASE*****

YOU ARE HEREBY NOTIFIED THAT PAYMENT WAS RECEIVED BY THE UNDERSIGNED PHYSICIAN WHOSE NAME AND ADDRESS ARE:

DOC NUMBER 00065163
TIME 08:26 AM

DR. JACQUE L. ROWE, 636 S.W. 59th Street, Okc. OKLA. 73109

FEE .00
DATE MAY. 25 1993
JOHN J GARVEY
OKLAHOMA COUNTY CLERK
RECORDED AND FILED

AND HAS RENDERED MEDICAL SERVICES TO AN INJURED PERSON WHOSE NAME IS:..

David Upjohn

AND WHO WAS INJURED ON OR ABOUT 12-4-92, AS A RESULT OF THE ACT OR NEGLIGENCE OF ANOTHER WHOSE NAME IS:

N/A

PAYMENT WAS RECEIVED IN THIS OFFICE ON 3-28-93 FROM State Farm IN THE AMOUNT OF 1,000.00

LIEN NUMBER 02450 . (PLEASE RELEASE ENTIRE LIEN)

DATE RECORDED AND FILED UNDER TITLE 42 O.S. SECTION 46: 3-10-93

LIEN NUMBER 02450

DOC NUMBER _____

Jacqueline Rowe
Physician's Signature



Subscribed and sworn to before me, the undersigned a Notary Public this 17 day of May, 1993

My Commission Expires: 3-19-97

Jacqueline Rowe

RECORDED AND FILED