



Stuart F. Pardee, D.C.

Dublin J. Hart, D.C.

Steven L. Bohner, D.C.

THIRD PARTY MEDICAL LIEN AND ASSIGNMENT

Patient: Dianna R. Montgomery

Claim #: 283040188

Date of Injury: 9-16-99

I hereby authorize and direct STATE FARM Insurance Company to pay to ~~DUBLIN J. HART, D.C.~~ of MINDEN CHIROPRACTIC such sums as may be due and owing him/her for medical/chiropractic services rendered me by reason of the accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctor. And I hereby further request that payment be made directly to said doctor which would otherwise be paid to myself as the result of the treatment charges incurred for injuries in connection therewith. This is a direct assignment of my rights and benefits under this claim.

STUART F.  
PARDEE,  
D.C.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him/her for services rendered me and that this agreement is made solely for said doctor's protection and in consideration of his/her awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover.

Please acknowledge your agreement to this request by signing below and returning to the doctor's office below. I have been advised that if you do not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable by me.

11/23/99  
Date

Dianna R. Montgomery  
Patient's signature  
Dianna R. Montgomery

0481695  
BK 1199PG5206

COPY

REQUESTED BY  
*Minden Chiropractic*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

1999 NOV 30 PM 1:05

LINDA SLATER  
RECORDER

\$2.00 PAID W DEPUTY

0481695

BK1199PG5207