

DAILY RECORDINGS
BOARD OF COUNTY COMMISSIONERS
MARRIAGE APPLICATIONS

95022

735

NOTICE IS HEREBY GIVEN that Emanuel Hospital, 2801 N. Gantenbein, Portland, Oregon 97227
a charitable corporation of the state of OREGON has rendered services in hospitalization
for Vincente R. Perpignan 87-1 E Mill Plain Blvd. Vancouver, Washington a person who
was injured on the 10th day of September 1982 in the city of Near Camas
county of Skamania state of Washington on or about the 10th day of September
19 82 and the said Emanuel Hospital hereby claims a lien upon any money due or
owing or any claim for compensation, damages, contributions, settlements or judgments from
Alleg: Two Car Accident, Owner/Driver, Patient, and/or Prudential Insurance Co., P.O. box 2002
Phoenix Arizona, and/or Owner Driver Truck, Unknown Name, Owner Lynden Trucking Co., Unknown
Address, and/or Providence Washington Insurance Co., Crawford & Co. Adjusting Co., P.O. Box
23336, Portland, Oregon, and/or Patients Attorney John F. Vomacka, 10427 A N E Forth Plain Rd
Vancouver, Washington, and/or any other health insurance not known or mentioned at this time
alleged to have caused said injuries and/or any other person, corporation or association liable for said injuries or
obliged to compensate the said injured person on account of said injuries. The hospitalization was rendered to the
said injured person between the 10th day of September 19 82 and the 28th
day of September 19 82.

Hospital Lien

Adm# 669073-9 Vincente R. Perpignan
664750-7 Life Flite
State of Washington
County of Skamania
I certify that the within instrument was
received for record on the 22
day of Nov, 19 82
at 2 o'clock P. M.; and recorded
in book 6 on page 735 record of
Lien
of said county.

Witness my hand and seal of county
affixed.
David M. Olson Notary

By E. M. Olson Deputy

Indexed 6
Direct 6
Recorded 6
Filed 6

ITEMIZED STATEMENT

Med. Service Room & Board	57,791.03
	427.30
TOTAL \$	58,218.33

that fifteen days have not elapsed since that time that the
claimant's demands for said care and/or service is in the sum
of

Fifty Eight Thousand Two Hundred Eighteen Dollars
and 33/100

dollars (\$ 58,218.33),

and that no part has been paid, except

dollars (\$ None),

and that there is now due and owing and remaining unpaid
thereof, after deducting all credits and offsets, the sum
of Fifty Eight Thousand Two Hundred Eighteen Dollars
and 33/100

dollars (\$ 58,218.33)

in which amount lien is hereby claimed.

By Joanne Thom
I, Joanne Thom

being duly sworn, on oath, say: I am Insurance Clerk
of Emanuel Hospital

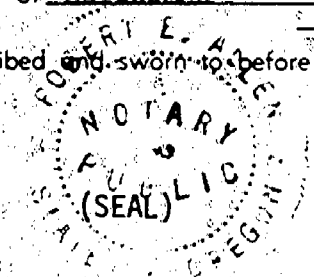
a charitable corporation of the state of OREGON
named in the foregoing claim of lien; I have read the fore-
going notice and know the contents thereof, and believe the
same to be true.

95022

STATE OF OREGON

County of Multnomah

Subscribed and sworn to before me this 11th day of November 19 82



Robert E. Allen Notary Public of OREGON

My Commission Expires: April 1 19 85