

71877

**NOTICE IS HEREBY GIVEN, That**  
**2447 NW Westover Rd.,**  
**St. Vincent Hospital**

**has rendered service in hospitalization for** **Malcolm E Beeks**

**a person who was injured on the 17th**  
**day of November, 1969, in the City of**  
**Skamania, State of Washington, and the said St. Vincent**  
**Hospital**

**hereby claims a lien upon any money due or owing or**  
**any claim for compensation, damages, contribution, settlement or judgment from Malcolm E Beeks, Box 356**  
**N. Bonneville, Wash. 98639 and John Doe Insurance Co. and/or Ted Laundry,**  
**Wash. and Farmers Insurance Co., P.O. Box 618, Yakima, Wash. 98901.**

**alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or**  
**obligated to compensate the said injured person on account of said injury. The hospitalization was rendered**  
**to the said injured person between the 17th day of November, 1969, and the 26th**

**day of November, 1969;**

**Mr. Malcolm E Beeks**

**Box 356**

**N. Bonneville, Wash. 98639**

**In Account with Claimant:**

TO	Dr.	Cr.
Emergency Room	10 00	
Emergency Physician Fee	15 00	
Room & Board	414 00	
Pharmacy	12 55	
Miscellaneous	9 85	
Laboratory	18 00	
A-Rtry	75 75	
Balance Due Claimant:	555 25	

**that fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's**  
**Five hundred**

**demands for said care and/or services is in the sum of fifty five & 25/100**

**Do. <sup>more</sup>**

**and that no part thereof has been paid, except None**

**Dollars and**

**that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets the sum of**  
**Five hundred fifty five & 25/100**

**Dollars, in which amount lien is hereby claimed.**

**St. Vincent Hospital**

**Claimant,**

**J.W. *[Signature]***  
**Major Insurance Supervisor**

STATE OF OREGON,  
County of Multnomah } ss.

BOOK 5

I, R. Brownell

duly sworn on oath, say: That I am Motor Vehicle Supervisor

named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.

R. Brownell  
Notary Public for Oregon  
My commission expires 12/10/71

Subscribed & I sworn to before me this 9th day of December, 1969.



Notary Public for Oregon  
My commission expires 12/10/71

Lien must be filed in the county where hospital is located and also in the county where injury occurred, if in another county.

Hospital Lien  
74677

F.C.A. No. 1281

St. Vincent Hospital

VS

Malcolm E. Weeks, et al.

STATE OF OREGON,  
County of Multnomah } ss.

I certify that the within instrument was recorded for the first time on the 1st day of December, 1969, at 11:00 o'clock A.M., and recorded in book 5, on page 275, in Record of Hospital Lien of said County.

Witness my hand and seal of

County

R. Brownell  
Notary Public

By

REGISTERED	E
SEARCHED	EE
INDEXED	EE
DIRECTED	EE
FILED	EE
COMPILED	EE

SEARCHED