

LIEN-HOSPITAL

72173

Washington County Clerk

BOOK E PAGE 553

NOTICE IS HEREBY GIVEN That Portland Adventist Hospital of Portland, Oregon has rendered services in hospitalization for **MARY M. WHITTAKER**

a person who was injured on the **21st**

day of **June**, 19**67**, in the City of **SWIX Creek Resort**, County of **Wasco**, State of **Washington**, and the said Portland Adventist Hospital

hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from **Mary M. Whittaker and/or Univarol Underwriters, Inc. Co., Wasco Co. (for Ray E. Powell, Chevrolet, Vancouver, Wash.) and/or Royal Globe Indemnity (an Security Insurance Co., Boise, Idaho)**

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 injuries. The hospitalization was rendered to the said injured person between the **14th** day of **May**, 19**70**

and the **17th** day of **May**, 19**70**.

Mr. **Ray E. Powell**

7507 N. E. 100th Ave.

Vancouver, Washington 98660

b. Account with Claimant:

	Dr.	Cr.
<b>TO</b>		
Surgery & Miscellaneous	<b>116 95</b>	\$
Room & Board	177 00	
Drugs	28 05	
Lab	36 00	
Delivery	1.50	
<b>Balance Due Claimant:</b>	<b>389 50</b>	

over  
that fifteen days have not elapsed since the time (the completion of said hospitalization) that the  
claimant's demands for said care and/or services is in the sum of **Three Hundred Eighty-nine & 50/100**  
Dollars  
and that no part thereof has been paid, except **None** Dollars  
and there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets the  
**Three Hundred Eighty-nine & 50/100** Dollars, in which amount lien is hereby claimed.  
sum of

*Dale T. Lanson*  
Claimant  
Great Manager  
Portland Adventist Hospital  
6010 S.E. Belmont Avenue  
Portland, Oregon

STATE OF OREGON,

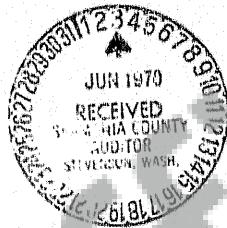
County of Multnomah

{ ss.

I, Dale F. Hanson, being first duly sworn on oath, say: That I am claimant for Portland Adventist Hospital 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.

Subscribed and sworn to before me this day of June, 1970.

My Commission Expires July 9, 1971.



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

Portland Adventist Hospital

MARY N. WHETAKER

STATE OF WASHINGTON

County of *[Signature]*,  
I certify, that the within instrument was received for record on the  
3 day of June, 1970,  
by *[Signature]*, M. and recorded  
in book *[Signature]* page *[Signature]*  
Recorded *[Signature]*  
of this county.

Witness my hand and seal of  
County of *[Signature]*

Clerk of Superior Court  
Clatsop County, Oregon

REGISTERED	<input type="checkbox"/>
INDEXED	<input type="checkbox"/>
SEARCHED	<input type="checkbox"/>
RECORDED	<input type="checkbox"/>
COMPARED	<input type="checkbox"/>
MAILED	<input type="checkbox"/>