

services in hospitalization for _____ a person who was injured on the _____

day of June 19 65 in the City of XXXXX Swiss Creek Resort County of _____

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, contribu-

tion, settlement or judgment from **Mary M. Whittaker and/or Universal Underwriters, Jack C.**

near Co. (for Ray E. Small, Chevrolet, [unclear], Wash.) and/or Royal Globe Indemnity (for Security Industrial Co., [unclear], Idaho).

alleged to have caused said injuries and/or any other person, corporation or association liable for said in-

jury or obligated to compensate the said injured person on account of said injuries. The hospitalization

was rendered to the said injured person between the 11th day of May 1970

and the 17th day of May 1970

11/ Mary M. Whittaker

7507 N. E. 100th Ave.

Vancouver, Washington 98660

Account with Claimant:

[illegible]

that fifteen days have not elapsed since 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 sum of Three Hundred Eighty-nine & 50/100 Dollars, in which amount lien is hereby claimed.

Dollars, in which amount lien is hereby claimed.

DALE T. LANSER
Signature claimant.

Portland Adventist Hospital
60-10 S. E. Belmont Avenue
Portland, Oregon

STATE OF OREGON,

County of Multnomah

ss.

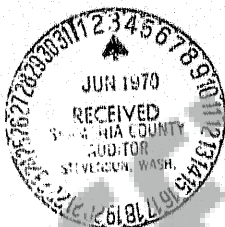
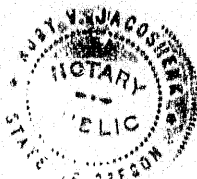
I, Dale F. Hanson, being first duly sworn on oath, say: That I am claimant for Portland Adventist Hospital named in the foregoing claim of lien; that I have read the same and know the contents thereof and believe the same to be true.

DALE F. HANSON

Subscribed and sworn to before me this 2nd day of June, 1970.

Kathy E. Jacobson
Notary Public for Oregon.

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.

72173

Hospital Lien

Portland Adventist Hospital

MARY N. WHITTAKER

STATE OF ~~OREGON~~ WASHINGTON

County of ~~Clatsop~~ Pierce
I certify that the within document was received for record on the 3 day of June, 1970, at 11 o'clock A.M., and recorded in book E on page 397.
Record of _____
of said county.

Witness my hand and seal of County of _____

By _____
County Clerk - Recorder
Tribun

REGISTERED
INDEXED: DIR.
INDEXED: S
RECORDED
COMPARED
MAILED