FORM No. 172—HOSPITAL. BOOK E PAGE [illegible]

72470

NOTICE IS HEREBY GIVEN, That St. Vincent Hospital 2447 NW Westover Rd. of Portland, Oregon has rendered services in hospitalization for Cheryl L White a person who was injured on the 23rd day of July, 1970, in the City of Stevenson, County 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 Donald W White, guardian of Cheryl L White, minor Box 73, Stevenson, Wash. 98648 and John Doe Insurance Co. and/or Jeannette Martin, Box 25, Stevenson, Wash. 98648 and Northwestern Mutual Insurance Co. 520 SW Yamhill, Portland, Ore. 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 23rd day of July, 1970, and the 25th day of July, 1970;

Mr. Donald W White, guardian of Cheryl L White, minor
Box 73
Stevenson, Wash. 98648

In Account with Claimant:

			Dr.		Cr.	
		TO	$		$	
		Hospital Services Acc't. #149790	286	90		
		Balance Due Claimant:	286	90		

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 Two hundred eighty six & 90/100 Dollars 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 Two hundred eighty six & 90/100 Dollars, in which amount lien is hereby claimed.

St. Vincent Hospital
Claimant.
Major Insurance Supervisor

STATE OF ORE[...]
County of
I,
duly sworn on oath
named in the fore
same to be true.
Subscribed
Lien must be filed in

Hospital Lien
(FORM No. 172)
St. Vincent Hospital
72495

STATE OF OREGON,
County of Multnomah } ss.

I, B. Brownell, being first 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.

B. Brownell

Subscribed and sworn to before me this 5th day of August, 1970.

[illegible signature]
Notary Public for Oregon.
My commission expires 12/19/71

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

72495

Hospital Lien
(FORM No. 178)

St. Vincent Hospital
vs
Donald ? White, guardian of
Cheryl ? White, minor

STATE OF OREGON,
County of [illegible] } ss.

I certify that the within instrument was received for record on the [illegible] day of [illegible], 197[illegible], at [illegible] o'clock [illegible]M., and recorded in book E on page [illegible] Record of [illegible] of said County.

Witness my hand and seal of County affixed.

[illegible]
[illegible] Title.
By [illegible] Deputy

STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

INDEXED | RECORDED | COMPARED | MAILED