

73399

BOOK E. PAGE 3692.35

SATISFACTION OF HOSPITAL LIENS

KNOW ALL MEN BY THESE PRESENTS, That the undersigned does hereby certify and declare that certain Hospital Liens filed against the list of persons attached to this release and showing the filing numbers of said records in the office of the County Skamania State of Washington for hospitalization, care and/or services performed together with the amount or debt thereby secured is fully paid satisfied and discharged.



IN WITNESS WHEREOF, the undersigned lien claimant has hereunto set his hand and seal this 5th day of May 19 71.

Portland Adventist Hospital

By Dale Hanson

STATE OF OREGON }
County of Multnomah } SS

BE IT REMEMBERED That on this 5th day of May 19 71 before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Dale Hanson known to me to be the identical individual as described in and who executed the within instrument and acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



My Commission Expires July 9, 1971

My Commission expires _____

Portland Adventist

GET
WHITTAKER, MARY
CASE NO. 65
TYPE SURNAME
FIRST IN
CAPITALS

Franklin
10-29-69
phd
Buckley C

[illegible]