

74558

Hospital Lien

(FORM No. 170)

PROVIDENCE HOSPITAL

VS

Charlotte A. Brink

STATE OF OREGON,

County of *Clatsop* } ss.

I certify that the within instrument was received for record on the *22* day of *October*, 19*42*, at *10* o'clock *AM*, and recorded in book *5* on page *477* of said County.

Witness my hand and seal of County affixed.

By *[Signature]*
County Clerk,
Deputy:

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74558

BOOK E PAGE 403

NOTICE IS HEREBY GIVEN, That the Sisters of Providence in Oregon, an Oregon corporation dba

Providence Hospital of Portland, Oregon, has rendered services in hospitalization for

Collette Louise Murray a person who was injured on the 5 day of

March, 19 72, in the City of near Steamer County of Clatsop

State of Washington, and the said Providence Hospital hereby claims a lien upon

any money due or owing or any claim for compensation, damages, contribution, settlement or judgment

from W.F. Lynch & Infants Insurance 1870 59 1st Portland Or

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 5 day of March 19 72

and the 7 day of March 19 72 Mrs Collette Murray, sing. & Harry Murray,

father, Box N Stevenson Wash

IN ACCOUNT WITH CLAIMANT:

Room: 2 days @ \$57.00	114.00
Surgery	142.30
Central Supply	2.00
Laboratory	10.00
Pharmacy	2.00
Total \$ 270.30	



That fifteen days have not elapsed since that time; that the claimant's demands for said care and/or services is in the sum of two hundred seventy and 30/100 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 270.30 Dollars, in which amount lien is hereby claimed.

B. Callahan Claimant.
PROVIDENCE HOSPITAL
706 - NE - 47th Avenue
Portland, Oregon, 97213

STATE OF OREGON
County of Multnomah

I, B Callahan M.V. Clerk, being first duly sworn on oath, say:

That I am claimant for Providence 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 21 day of March 1972

Georgina Whitlock
Notary Public for Oregon

907, 11-s
R-7/71



My Commission expires 2 9 75

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Hospital Lien

(FORM No. 178)

PROVIDENCE HOSPITAL

VS

Albert L. Boring

STATE OF OREGON,

County of *Washington* ss.

I certify that the within instrument was received for record on the *2* day of *August*, 19*24*, at *1* o'clock *P.*M., and recorded in book *5* on page *113*.
Record of *Washington* County of said County.

Witness my hand and seal of County affixed.

By *[Signature]*
County Clerk,
Deputy.

REGISTERED
INDEXED. O.R.
FILED
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