

74558

BOOK E PAGE 403

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

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

Colette Louise Murray

a person who was injured on the

day of

March19 72in the City of multnomahCounty of multnomahState of Washingtonand 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. Larson & Safeco Insurance 1500 SW 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 Miss Colette Murray, minor, & Barry 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

2.00Total \$ 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
PROVIDENCE HOSPITAL
700 - NE - 17th Avenue
Portland, Oregon, 97213

Claimant.

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 19 72.Georgia Whitlock

Notary Public for Oregon

My Commission expires: 2 9 75

907.11-s
R-7/71

74558

Hospital Lien

[FORM No. 1703]

PROVIDENCE HOSPITAL

VS

Charlotte A. Brown

STATE OF OREGON,

County of *Clatsop* ss.

I certify that the within instrument was received for record on the *22* day of *March*, 19*22*, at *1 o'clock* P. M., and recorded in book *5* on page *177*.
Record of *5*
of said County.

Witness my hand and seal of County affixed.

By

County Clerk.

Deputy.

REGISTERED
INDEXED. DIR.
INDEXED.
RECORDED.
COMPARED
MAYED

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 Murraya person who was injured on the 5 day ofMarch19 72In the City of PortlandCounty of ClatsopState of Washington, and the said Providence Hospital hereby claims a lien uponany money due or owing or any claim for compensation, damages, contribution, settlement or judgment from W.F. Lorch & (Life Insurance 1970 55 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, minor, & 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.

R. 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 1972George Whitlock
Notary Public for OregonMy Commission expires 2 9 75907, 11-s
R-7/71

74558

Hospital Lien

(FORM No. 178)

PROVIDENCE HOSPITAL

VS

Albert J. Davis

STATE OF OREGON,

County of *Clatsop* ss.

I certify that the within instrument was received for record on the *2* day of *August*, 19*28*, at *1* o'clock *P.*M., and recorded in book *5* on page *143*.
Record of *1928* of said County.

Witness my hand and seal of County affixed.

County Clerk.

Deputy.

REGISTERED
INDEXED, OR.
FILED
COPIED
MAILED