[illegible] [illegible]

[illegible] That the [illegible] Providence [illegible] Hospital of Portland, Oregon, has rendered services [illegible]

[illegible] a person who was injured on the [illegible] day of [illegible], 19[illegible], in the City of [illegible] County of [illegible] State of [illegible], and the said Providence Hospital hereby claims a lien upon any rights due or owing or any claim for compensation, damages, contribution, settlement or judgment from [illegible]

Alleged to have caused said injuries and/or any other person, corporation or association liable for said injury or obligated to compensate the said inj[u]red person on account of said injuries. The hospitalization was rendered to the said injured person between the [illegible] day of [illegible] 19[illegible] and the [illegible] day of [illegible] 19[illegible] M. [illegible]

[illegible]

IN ACCOUNT WITH CLAIMANT: [illegible]

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
Total $	[illegible]

That fifteen days have not elapsed since that time; that the claimant's demands for sa[id ca]re and/or services is in the sum of [illegible] Dollars,

and that no part thereof has been paid, except [illegible] Dollars,

and that there is [n]ow due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of [illegible] Dollars, in which amount lien is hereby claimed.

[signature] Claimant.

PROVIDENCE HOSPITAL
700 - NE - 47th Avenue
Portland, Oregon, 97213

STATE OF OREGON
County of Multnomah

I, [illegible] 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.

[signature]

Subscribed and sworn to before me this [illegible] day of [illegible] 19[illegible]

[signature]
Notary Public for Oregon

Commission expires: [illegible]

807. 11-a
11-2/71

74623 BOOK A 3402 PAGE

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 _____ a person who was injured on the 4th day of May, 19 71, in the City of [illegible] County of [illegible] State of Washington, and the said Providence Hospital hereby claims a lien upon any money due or owing or any claim for compensation, damages, or distribution, settlement or judgment from [illegible]

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 23 day of May 19 71 and the 23 day of May 19 71 Mr. [illegible]

IN ACCOUNT WITH CLAIMANT: [illegible]

Room & Days @ $ [illegible]	[illegible]
[illegible]	[illegible]
Medication (Drugs)	[illegible]
Intravenous Fluids	[illegible]
Medical Supplies	[illegible]
Operating Room	[illegible]
Laboratory	[illegible]
X-Ray	[illegible]
Physiotherapy	[illegible]
[illegible]	[illegible]
Emergency	[illegible]
Total $	[illegible]

That fifteen days have not elapsed since the first date that the claimant's demands for said care and/or services is in the sum of [illegible] Dollars, and that no part thereof has been paid. except [illegible] Dollars, and that there is now due and owing and remaining unpaid thereon, after deducting all credits and offsets, the sum of [illegible] Dollars, in which amount lien is hereby claimed.

D. Cassidy
Claimant.

PROVIDENCE HOSPITAL
700 - NE - 47th Avenue
Portland, Oregon, 97213

STATE OF OREGON
County of Multnomah

I, D. Cassidy, M. A. 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.

D. Cassidy

Subscribed and sworn to before me this 1st day of June 19 71

Notary Public for Oregon

Commission expires: 2-6-73

907.11-3
5-7-71

74603 BOOK F PAGE

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 _____ a person who was injured on the ____ day of _____, 19__, in the City of _____ County of _____ State of _____, 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 _____

_____

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 ____ day of _____ 19__ and the ____ day of _____ 19__ Mr. _____

_____

CHARGES AND CREDITS IN ACCOUNT WITH CLAIMANT: CHARGES AND CREDITS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total $	_____

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 _____ Dollars, and that no part thereof has been paid, except _____ Dollars, and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of _____ Dollars, in which amount lien is hereby claimed.

_____ Claimant.

PROVIDENCE HOSPITAL
700 - NE - 47th Avenue
Portland, Oregon, 97213

STATE OF OREGON
County of Multnomah

I, _____ 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 ____ day of _____ 19__

_____ Notary Public for Oregon

My Commission expires: _____

907.11-8
R-7/71

79823

NOTICE IS HEREBY GIVEN, That the Sisters of Providence in Oregon, an Oregon corporation, for Providence Hospital of Portland, Oregon, has rendered services in hospitalization for [redacted] a person who was injured on the [redacted] day of [redacted], 19[redacted], in the City of [redacted] County of [redacted] State of [redacted], 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 [redacted]

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 [redacted] day of [redacted] 19[redacted] and the [redacted] day of [redacted] 19[redacted] Mr. [redacted]

IN ACCOUNT WITH CLAIMANT:

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
Total $	[redacted]

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 [redacted] Dollars, and that no part thereof has been paid, except [redacted] Dollars, and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of [redacted] for which, in which amount lien is hereby claimed.

D. Casebolt
Claimant.

PROVIDENCE HOSPITAL
700 - NE - 47th Avenue
Portland, Oregon, 97213

STATE OF OREGON
County of Multnomah

I, [redacted] M. V. Casebolt, being first duly sworn on oath, says: 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.

D. Casebolt

Subscribed and sworn to before me this [redacted] day of [redacted] 19[redacted]

Georgia W. Ballweber
Notary Public for Oregon

My Commission expires [redacted]

807. 11-6
12-4/71