

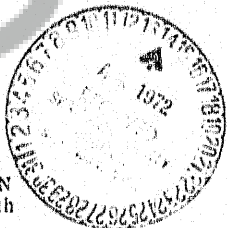
NOTICE IS HEREBY GIVEN, That the Sisters of Providence in Oregon, an Oregon corporation dba Providence Hospital of Portland, Oregon, has rendered services in hospitalization for Laura Lee Miller (deceased) a person who was injured on the 15 day of May, 1972, in the City of near Cape Horn County of Skamania 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 Robert J. Edwards (deceased) & State Farm Insurance, 1415 Broadway, Vancouver, Wash

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. _____

L. . . COUNT WITH CLAIMANT:

Total 88

~~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.



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 Ben; 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__

907.11-s
R-7/71

Nearby Public for Oregon

My Commission expires: 7/13/75