

75694

NOTICE IS HEREBY GIVEN, That **St. Vincent Hospital and Medical Center**,
9205 S. W. Barnes Road, **Portland, Oregon**,
has rendered services in hospitalization for **Krada B. Drexelius**,
Box 13 Carson, Washington, **a person who was injured on the 26th**
day of December, 1972, in the City of Carson, **County of Skamania**, **State of Washington**, **and the said St. Vincent Hospital and Medical Center hereby claims a lien upon any money due or owing or any claim for compensation, damages, contribution, settlement or judgment from Richard Drexelius and/or John Doe Insurance and Karl Blakewsky address unknown and/or Pacific Indemnity Insurance Co., 700 N.E. Multnomah (Claim #8090504) 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 27th day of December, 1972, and the 6th day of January, 1973;**

Mrs Krada B. Drexelius

Box 13

Carson, Washington

In Account with Claimant:

TO	Dr.	Cr.
Hospital Services - TR 336122	1518.00	
Balance Due Claimant:	130.05	

that fifteen days have not elapsed since the time (the completion of said hospitalization); that the claimant's demands for said care and/or services is in the sum of **Thirteen Eighteen 05/100 Dollars** and that no part thereof has been paid, except **None Dollars and** that there is now due and owing and remaining unpaid thereto, after deducting all credits and offsets the sum of **One Thousand Eighteen 05/100 Dollars**, in which amount lien is hereby claimed.

**St. Vincent Hospital and Medical Center
Claimant.**

[Signature]



STATE OF OREGON,

County of Washington

I, Dorothy Haack

duly sworn on oath, say: That I am Motor Vehicle Operator.

Swear in the foregoing claim of Jimi that I have read the same and know the contents thereof and believe the same to be true.

Dorothy Haack

Subscribed and sworn to before me this 15th day of January 1973

Notary Public for Oregon

My commission expires 12/19/75

Lien must be filed in the county where hospital is located and also in the county where injury occurred, if in another county.

Hospital Lien

(Form No. 178)

St. Vincent Hospital

& Medical Center

T.S.

Freda B Drexellus et al.

STATE OF OREGON,

County of Washington

I certify that the within instrument was received for record on the 1st day of January, 1973, at the office of Clerk of Court, Fredrick F. M., and recorded in book on page 4, or as filing fee number 12000. Record of said County.

Witness my hand and seal of County affixed.

Title

Deputy

By _____

STEVENS COUNTY, OREGON
INDEXED, FILED, INDEXED, FILED
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