

SUITE IS HEREBY GIVEN AND **COD SANITARY HOSPITAL AND MEDICAL CENTER**
a charitable corporation of the state of **OREGON**, has rendered services in
hospitalization for **Leonard Van**
a person who was injured on the **14th** day of **August**, **1973**
in the city of **SALEM**, County of **Clackamas**
state of **Oregon**, or on about the **14th** day of **August**,
1973, and the said **COD SANITARY HOSPITAL AND MEDICAL CENTER** hereby claims a
lien upon any money due or owing, or any claim for compensation, damages, contributions, settle-
ments or judgments from **Roman Insurance** and/or **John Doe and/or John Doe Insurance**

alleged to have caused said injuries and/or any other person, corporation or organization liable for
said injuries or obligated to compensate the said injured person on account of said injuries. The
hospitalization was rendered to the said injured
person between

Hospital Lien

**COD SANITARY HOSPITAL
AND MEDICAL CENTER**

Leonard Van

Name of

County of

I certify that the written notice of lien
is received for record on the **23rd** day of **October**, **1973**
at the office of **M.** and recorded
in book **1** on page **1** record **1**
in land county

Within my said and said County
affidavit

My **STATE** **ORIGIN**
County of **Clackamas**

I, **John Doe**, being duly sworn, do solemnly
certify **COD SANITARY HOSPITAL AND MEDICAL CENTER**

a charitable corporation of the state of **OREGON**, named in the foregoing, am of full age,
read the foregoing notes and know the contents thereof and believe the same to be true.

Subscribed and sworn to before me this **23rd** day of **September**, **1973**
Subscribed and sworn to before me this **23rd** day of **September**, **1973**
My Commission Expires **August 28, 1974**