

NOTICE IS HEREBY GIVEN that GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER
 a charitable corporation of the state of Oregon has rendered services in hospitalization
 for Raymond D. Phelps a person who
 was injured on the 20th day of June 1976, in the city of Willard
 county of Skamania state of Washington, on or about the 20th day of June
 1976, and the said hospital hereby claims a lien upon any money due or
 owing, or any claim for compensation, damages, contributions, settlements or judgements from
RAYMOND D. PHELPS AND/OR CAVALIER INSURANCE CORPORATION AND/OR JOHN DOE AND/OR JOHN DOE
INSURANCE COMPANY

alleged to have caused said injuries and/or any other person, corporation or association liable for said injuries or
 obliged to compensate the said injured person on account of said injuries. The hospitalization was rendered to the
 said injured person between the 20th day of June 1976 and the 26th
 day of July 1976.

PATIENT STILL CONFINED

ITEMIZED STATEMENT

Total charges per itemized statement chart #6-103816	\$	5389.46
TOTAL		\$ 5389.46

that fifteen days have not elapsed since that time that the claimant's demands for said care and/or service is in the sum of

FIVE THOUSAND THREE HUNDRED EIGHTY NINE and 46/100-

_____ dollars (\$ 5389.46),

and that no part 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 FIVE THOUSAND THREE HUNDRED EIGHTY NINE and 46/100-

_____ dollars (\$ 5389.46),

in which amount lien is hereby claimed.

By T. H. Williams

I, T. H. Williams
 being duly sworn, on oath, say: I am credit manager
 of said hospital

a charitable corporation of the state of Oregon
 named in the foregoing claim of lien; I have read the foregoing notice and know the contents thereof, and believe the same to be true.

PRELIMINARY

Hospital Lien

GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER
RAYMOND D PHELPS

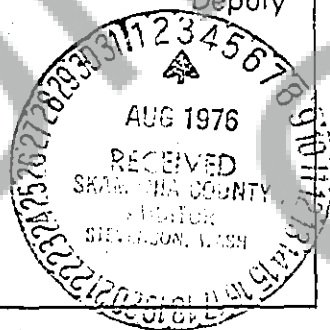
State of Washington
 County of Skamania

I certify that the within instrument was received for record on the 3rd day of August 1976 at 11:30 o'clock A M., and recorded in book F on page 615 record of Lien of said county.

Witness my hand and seal of county affixed

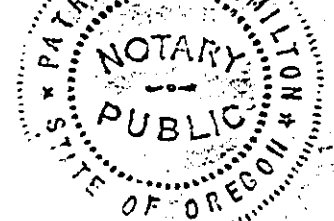
W. Todd, Auditor Title

By G. Meador Deputy



STATE OF OREGON
 County of MULTNOMAH ss

Subscribed and sworn to before me this 30th day of July 1976



Patricia G. Hamilton Public of OREGON

My Commission Expires: _____, 19_____

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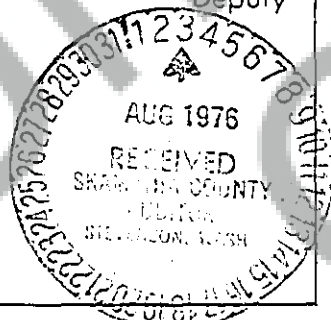
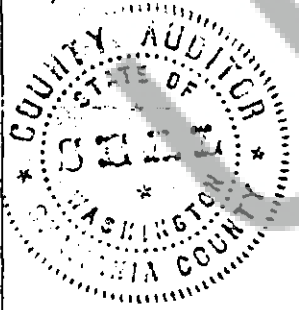
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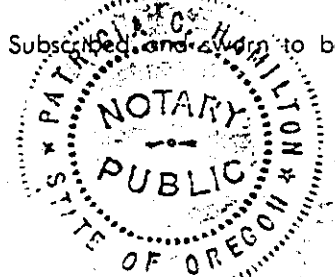
A. P. Todd, Auditor Title

By E. Measor Deputy



STATE OF OREGON
 County of MULTNOMAH

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