

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 19 76 in the city of Willard
 county of Skamania state of Washington on or about the 20th day of June
 19 76 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 30th day of June 19 76 and the 27th
 day of August 19 76

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 7
 day of Sept 19 76
 at 11 o'clock A M., and recorded
 in book F on page 617 record of
Mercer

of said county.

Witness my hand and seal of county
 affixed E. M. Williams Title

By E. M. Williams Deputy

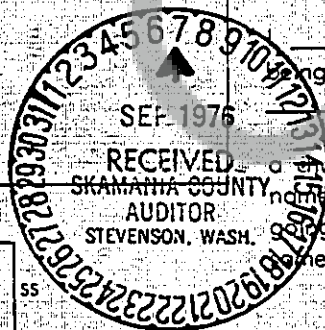
INDEXED: CIR

INDIRECTS

RECORDED:

COMPARED

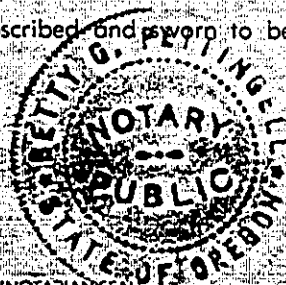
MAILED



STATE OF Oregon

County of Multnomah

Subscribed and sworn to before me this 1st day of September 19 76



Betty J. Pattergill Notary Public of Oregon

My Commission Expires: My Commission Expires April 12, 1980 19 76

ITEMIZED STATEMENT

Total charges per itemized
 statement chart #6-10381-\$ 9242.86

TOTAL \$ 9242.86

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

Nine Thousand Two Hundred Fourty Two and
86/100

dollars (\$ 9242.86)

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 Nine Thousand Two Hundred Fourty Two and
86/100

dollars (\$ 9242.86)

in which amount lien is hereby claimed.

By T. H. Williams

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 fore-
 going notice and know the contents thereof, and believe the
 same to be true.

82817

BOOK 7

PAGE 617

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 19 76 in the city of Willard
 county of Skamania state of Washington on or about the 20th day of June
 19 76 and the said Hospital hereby claims a lien upon any money due or
 owing, or any claim for compensation, damages, contributions, settlements or judgments 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 30th day of June 19 76 and the 27th
 day of August 19 76

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 7

day of Sept, 19 76

at 11 o'clock A M., and recorded

in book F on page 617 record of

Meier

of said county.

Witness my hand and seal of county
 affixed.

E. Meier Title

By

Deputy

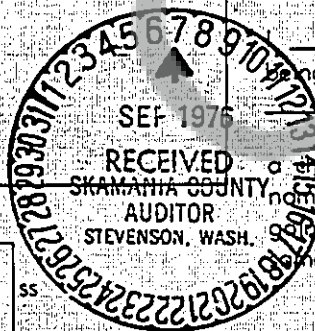
INDEXED: DIR

INDIRECT

RECORDED:

COMPARED

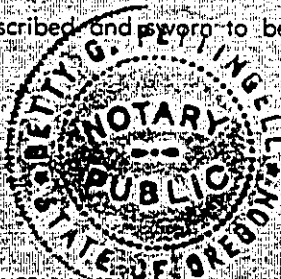
MAILED



STATE OF Oregon

County of Multnomah

Subscribed and sworn to before me this 1st day of September, 19 76



Betty J. Fettingill Notary Public of Oregon

My Commission Expires: My Commission Expires April 12, 1980, 19

ITEMIZED STATEMENT

Total charges per itemized
 statement chart #6-10381-65: 9242.86

TOTAL \$ 9242.86

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

Nine Thousand Two Hundred Forty Two and

86/100

dollars (\$ 9242.86)

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 Nine Thousand Two Hundred Forty Two and

86/100

dollars (\$ 9242.86)

in which amount lien is hereby claimed.

By

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 fore-
 going notice and know the contents thereof, and believe the
 same to be true.