

82818

BOOK

PAGE

618

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

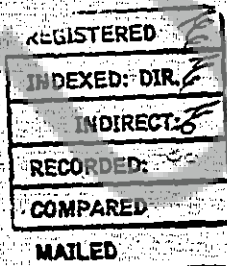
State of Washington
 County of Skamania

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 618 record of

Miner
 of said county.

Witness my hand and seal of county
 affixed Sept 10 1976 Auditor Title

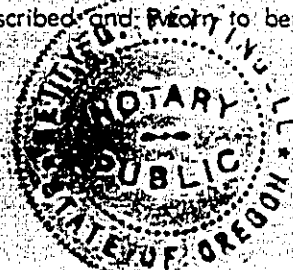
By B. Maynard Deputy



STATE OF Oregon

County of Multnomah

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



Betty J. Pettingell Notary Public of Oregon

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

ITEMIZED STATEMENT

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

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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 E on page 618 record of
Wash
 of said county.

Witness my hand and seal of county
 affixed.

SP. Road, Audition Title

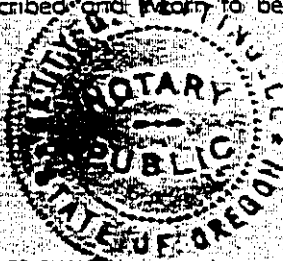
By B. McFarland Deputy

REGISTERED
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. Pettengill Notary Public of Oregon

My Commission Expires April 12, 1980

My Commission Expires

ITEMIZED STATEMENT

Total charges per itemized
 statement chart #6-10381-8 \$ 9242.86

TOTAL \$ 9242.86

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 of

Nine Thousand Two Hundred Fourty Two and
86/100

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 and that no part has been paid except None

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 and that there is now due and owing and remaining unpaid
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