82818 BOOK F 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 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 30th day of June, 1976 and the 27th day of August, 1976.

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, 1976 at 11 o'clock A M., and recorded in book F on page 618 record of Mines of said county.

Witness my hand and seal of county affixed.

E.M. Todd, Auditor Title

By E Mayfield Deputy

REGISTERED E
INDEXED: DIR. F
INDIRECT: F
RECORDED:
COMPARED
MAILED

RECEIVED SEP 1976 SKAMANIA COUNTY AUDITOR STEVENSON, WASH.

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 foregoing notice and know the contents thereof, and believe the same to be true.

STATE OF Oregon
County of Multnomah ss

Subscribed and sworn to before me this 1st day of September, 1976.

Betty J Pettingell Notary Public of: Oregon

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

NOTARY PUBLIC STATE OF OREGON

NOTARIAN SEAL

HSC HOSPITAL LIEN FORM 1/74

82818 BOOK F 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 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 30th day of June, 1976 and the 27th day of August, 1976.

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, 1976 at 11 o'clock A M., and recorded in book F on page 618 record of Misc of said county.

Witness my hand and seal of county affixed.

G.F. Tracy, Auditor Title

By E. Mefford Deputy

REGISTERED
INDEXED: DIR. E
INDIRECT: E
RECORDED:
COMPARED
MAILED

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 foregoing notice and know the contents thereof, and believe the same to be true.

RECEIVED SEP 1976 SKAMANIA COUNTY AUDITOR STEVENSON, WASH.

STATE OF Oregon
County of Multnomah } ss.

Subscribed and sworn to before me this 1st day of September 1976

Betty J. Pettingell Notary Public of Oregon
My Commission Expires April 12, 1980
My Commission Expires: 19

(NOTARIAL SEAL) BETTY J. PETTINGELL NOTARY PUBLIC STATE OF OREGON

HSC HOSPITAL LIEN FORM 1/74