NOTICE IS HEREBY GIVEN COOD S	AMARITAN HOSPITAL AND MUDICAL CENTUR F PAGE 6
o charitable corporation of the state of Diego for Ramon D. Phelps	has rendered services in hospitalization a person who
was injured on the 20th day of June	13 _ 76 , in the city of Willard
county of Skamania state of Washington	n, on ar about the <u>20th</u> day of <u>June</u> hereby claims a lien upon any money due or
owing, or any claim for compensation, domage	es, contributions, settlements or judgements from
CAVALIER INSURANCE COMPANY AND/OR JOHN DO	DE AND/OR JOHN DOE INSURANCE COMPANY
*	
abliged to compensate the said injured person on a	ther person, corporation or association liable for said injuries or account of said injuries. The hospitalization was rendered to the
said injured person between the <u>15th</u> day of day of <u>September</u> , 19 <u>76</u>	September 19_76 and the 16th
	2933 ITEMIZED STATEMENT
GOOD SAMARIJAN HOSPITAL	otal charges per itemized \$ 305.15
RAMON D. PHELPS	TOTAL \$ 305.15
State of Sharan	that lifteen days have not elapsed since that time that the
I certify that the within instrument was received for record on the	claimant's demands for said care and/or service is in the sum of
at	THREE HUNDRED FIVE and 15/100
in bookon page30 record of	dollars (\$ 305.15),
of said county.	and that no part has been paid, except NONE
Witness my hand and seal of county	
offixed Diagram action Title	and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of THREE HUNDRED FIVE and 15/100——————————————————————————————————
By E melare	
Deputy	in which amount lien is hereby Joined.
REGISTERED	The state of the s
INDEXED: DIR. INDIRECT:	by for comments
REGISTERED EINDEXED: DIR. INDIRECT: RECORDED:	T. H. Williams
COMPARED	being duly sworn, on ooth, say: 1 am <u>Credit Manager</u> of <u>said hospital</u>
MATLED	a charitable corporation of the state of <u>Oregon</u>
	named in the foregoing claim of lien; I have read the fore-
STATE OF OREGON	going notice and know the contents thereof, and believe the same to be true.
SS	Same to be true.
County of MULTNOMAH	
Subscribed and sworn to before on 2775	day of September , 19 76
T NOTARY COLL S	Micia L Mamster Public of Oregon
S. PUBLIC & COM	ssion Expires: SEP 1,491979
The state of the s	
INOTARIAN SENT	
HSCHOSPITAL LIEN FORM 1774	

NOTICE IS HEREBY GIVEN TO 22 GOUD !	SAMARITAN HOSPITAL AND HEDBAN GENTER FE PAGE
notice is Hereby Given 1033 Good or charitable corporation of the state of Oregin for Ramon D. Phelps	onhas rendered services in haspitalizationa person who
was injured on the 20th day of June	10 76, in the city of Willard
county of Skamania state of Washingto	n, on or about the <u>20th</u> day of <u>June</u>
owing, or any claim for compensation, damag	hereby claims a lien upon any money due o es, contributions, settlements or judgements from
CAVALIER INSURANCE COMPANY AND/OR JOHN DO	OE AND/OR JOHN DOE INSURANCE COMPANY
	
obliged to compensate the said injured person on	other person, corporation or association liable for said injuries of account of said injuries. The hospitalization was rendered to the <u>September</u> , 19 <u>76</u> and the <u>16th</u>
day of September , 19 76	September 17 70 and the 10th
· 	B2933
	HEMIZED STATEMENT
·	Total charges per itemized statement chart #6146146 \$ 305.15
AND MEDICAL CENTER	Scarement Chart Wordown
RAMON D. PHELPS	
State of Stack	TOTAL \$ 305.15
County of Shanan	that fifteen days have not elapsed since that time that the
1 certify that the within instrument was	claimant's demands for said care and/or service is in the sun
received for record on the 29 day of 1976	THREE HUNDRED FIVE and 15/100
at _//_o clockA_M., and recorded	
in book on page _6.30_record of	dollars (\$305.15
- Line	and that no part has been paid, exceptNONE
of said county. Witness my hand and seal of county	dollors (S
offixed / A	and that there is now due and owing and remaining unpaid
Ill was (led to Title	thereof, after deducting all credits and offsets, the sun
E medare	of THREE HUNDRED FIVE and 15/100
By Deputy	dollars (\$305.15
REGISTERED 6	in which amount lien is hereby gained.
INDEXED: DIR.	A dillipuna
	by file Commission
INDIRECT:	I, T. H. Williams
RECORDED:	being duly sworn, on oath, say: I am <u>Credit Manager</u>
COMPANED	of _said hospital
MATLED	a charitable corporation of the state of Oregon
	named in the foregoing claim of lien; I have read the fore
STATE OF OREGON	going notice and know the contents thereof, and believe the same to be true.
STATE OF SSS	some to be tibe.
County of MULTNOMAH	
	1
Subscribed and sworn to before on 71700 27th	doy of September 19.76
NOTARY	William Mamscale Jublic of Oregon
PUBLICE ENGINEERS OF COM	hission Expires. SEP 1,491979
TO SOURCE THE TOTAL OF THE PARTY OF THE PART	
COF ORE SE MENTERS OF ANY	
INOTARIAN SEREN	
HSC HOSPITAL LIEN FORM 1/74	