

84999

BOOK F PAGE 749

Nolan Clement et ux
7905 NE Royal Street,
Vancouver, Washington 98665.

WATER SERVICES
XXXXXX

35.11.290

629

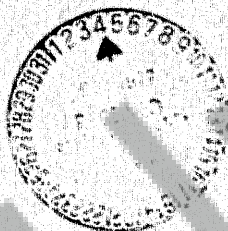
water and sewer

Tax lot 1892

Beginning at a point

642.2 ft. S of a rock marking the intersection of the W 1/2 of the
Shepard S.E.C. with the N. 1/2 of Sect. 1 said point being the
intersection of the W 1/2 of the said Shepard S.E.C. with the W 1/2 of
Second Street in the town of Stevenson. Thence westerly along the
N. line of 2nd Street 60 ft. to the initial point of track hereby
described: To N 100 ft; Th S 85 ft.; th. S 100 ft. to N. Pt of 2nd St; th
W 63 ft. to initial pt.

736.23



Recorder

Recorder

NOTICE IS HEREBY GIVEN that **Portland Adventist Medical Center**, a charitable corporation of the state of **Oregon**, has rendered services in hospitalization for **Frank Eugene Schuman** who was injured on the **11th** day of **July**, 19 **77** in the city of **Stevenson** county of **Skamania** state of **Washington** on or about the **11th** day of **July**, 19 **77** and the said **Portland Adventist Medical Center** hereby claims a lien upon any money due or owing or any claim for compensation, damages, contributions, settlements or judgments from **Frank E. Schuman and Donald Figurski and Farmers Insurance Co. and any and all insurance companies and parties unknown**

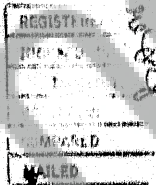
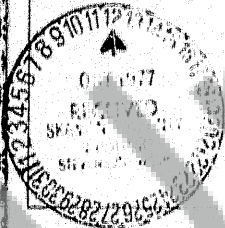
alleged to have caused and injured and/or any other person, corporation or institution liable for said injuries or alleged to compensate the said injured person on account of said injuries. The hospitalization was rendered to the said injured person between the **7th** day of **September**, 19 **77** and the **22nd** day of **September**, 19 **77**.

Hospital Lien

Portland Adventist Medical Center
Frank Eugene Schuman

State of **Washington**
County of **Skamania**
I certify that the within instrument was received for record on the **12th** day of **October**, 19 **77**, at **9:45** o'clock **A**. M. and recorded in book **F** on page **200** record of said county.

Witness my hand and seal of county, affixed
Skamania Co. Auditor
By **E. Mesford** Deputy



STATE OF **Oregon**

County of **Multnomah**

Subscribed and sworn to before me this **4th** day of **October**, 19 **77**

Notary Public of Oregon

My Commission Expires **19**

85062

BOOK F

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ITEMIZED STATEMENT

Room and Board	\$ 2,025.00
Miscellaneous	6,209.75
TOTAL	\$ 9,234.75

that three days have not elapsed since that time that the demand for said sum and charges is at the sum of **Nine Thousand Two Hundred Thirty Four Dollars and 75/100**

and that no part has been paid, except **none**

Nine Thousand Two Hundred Thirty Four Dollars and 75/100

which amount is hereby claimed

Darla Latta

being duly sworn on oath, say I am **claimant** of **Portland Adventist Medical Center**

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.