NOTICE IS HEREBY GIVEN that Portland Adventist Medical Center
a charitable corporation of the state of Oregon
for Frank Eugene Schuman has rendered services in hospitalization
was injured on the 11th day of July 19 77 in the city of Stevenson a person who
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 judgements from
Frank E. Schuman and Donald Figurski and Farmers Insurance Co. and any and all
insurance companies and parties unknown

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 11th day of December 1977 and the 13th day of December 1977

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 27th day of December 1977 at [illegible] o'clock [illegible] M and recorded in book F on page 324 record of [illegible] of said county.

Witness my hand and seal of county affixed.

[signature] Title

By [signature] Deputy

REGISTERED

85548

ITEMIZED STATEMENT

Room and Board	$ 250.00
Miscellaneous	674.98
Total	$ 924.98

that fifteen days have not elapsed since the claimant's demands for said care were made ... the sum of Nine Hundred Twenty Four Dollars and 98/100 dollars $ 924.98

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 Hundred Twenty Four Dollars and 98/100 dollars $ 924.98

in which amount lien is hereby claimed.

[signature]

Darla Lutts

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 same to be true.

STATE OF Oregon

County of Multnomah ss

Subscribed and sworn to before me this 21st day of December 1977

[signature] Notary Public of Oregon

My Commission Expires [illegible] 19

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BOOK F PAGE 324

NOTARIAL SEAL
HSC HOSPITAL LIEN FORM 1774