

86773

NOTICE IS HEREBY GIVEN that Good Samaritan Hospital & Medical Center, a charitable corporation of the state of Oregon, has rendered services in hospitalization for CHANCEY R. DAVIS - - - - - a person who was injured on the 16th day of June 19 78, in the city of Skamania state of Washington, on or about the 16th day of June 19 78, 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 ALLSTATE INSURANCE COMPANY 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 16th day of June 19 78 and the 20th day of June 19 78.

GOOD SAMARITAN HOSPITAL & MEDICAL CENTER

HOSPITAL LIEN

CHANCEY R. DAVIS

State of _____

County of _____

STATE OF WASHINGTON
COUNTY OF SKAMANIA 86773

I HEREBY CERTIFY THAT THE WITHIN

INSTRUMENT OF WRITING, FILED BY _____

Good Samaritan HospOF Portland, OregonAT 10:30 A. July 3, 1978WAS RECORDED IN BOOK 6OF Index AT PAGE 116
RECORDS OF SKAMANIA COUNTY, WASH.Sh. P. Smith
COUNTY AUDITOR

STATE OF OREGON

County of Multnomah

Subscribed and sworn to before me this 29th day of June 19 78

ITEMIZED STATEMENT

Total charges per itemized statement,
Chart No. 8-38032-1 \$ 1,604.61TOTAL \$ 1,604.61

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 ONE THOUSAND SIX HUNDRED FOUR AND 61/100 - - - - -

dollars (\$ 1,604.61),
and that no part has been paid, except NONE

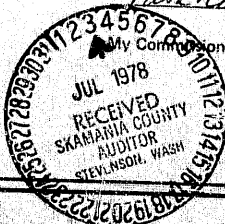
dollars (\$ 00.00),
and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of ONE THOUSAND SIX HUNDRED FOUR AND 61/100 - - - - -

dollars (\$ 1,604.61),
in which amount lien is hereby claimed.

By _____

I. 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.

Robert A. Williams Notary Public of Oregon
My Commission Expires: June 6, 1982



86773

BOOK PAGE 116

NOTICE IS HEREBY GIVEN that Good Samaritan Hospital & Medical Center, a charitable corporation of the state of Oregon, has rendered services in hospitalization for CHANCEY R. DAVIS ----- a person who was injured on the 16th day of June 19 78, in the city of Skamania state of Washington on or about the 16th day of June 19 78, 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 ALLSTATE INSURANCE COMPANY 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 16th day of June 19 78 and the 20th day of June 19 78

GOOD SAMARITAN HOSPITAL & MEDICAL CENTER

HOSPITAL LIEN

CHANCEY R. DAVIS

State of

County of

STATE OF WASHINGTON
COUNTY OF SKAMANIA

I HEREBY CERTIFY THAT THE WITHIN

INSTRUMENT OF WRITING, FILED BY

Good Samaritan Hospital

OF Portland, Oregon

AT 11:30 A.M. July 3, 1978

WAS RECORDED IN BOOK 2

OF Liens AT PAGE 116

RECORDS OF SKAMANIA COUNTY, WASH.

J. H. Williams

COUNTY AUDITOR

W. Williams

STATE OF OREGON

County of Multnomah

Subscribed and sworn to before me this 29th

day of June 19 78

Notary Public of Oregon

My Commission Expires: June 6, 1982

415-126 (12-76)

ITEMIZED STATEMENT

Total Charges per Itemized Statement,
Chart No. 8-38032-1

\$ 1,604.61

TOTAL

\$ 1,604.61

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 ONE THOUSAND SIX HUNDRED FOUR AND 61/100 -----

dollars (\$ 1,604.61

and that no part has been paid, except NONE

dollars (\$ 00.00

and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of ONE THOUSAND SIX HUNDRED FOUR AND 61/100 -----

dollars (\$ 1,604.61

in which amount lien is hereby claimed

By

I, 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.

