

95022

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NOTICE IS HEREBY GIVEN that Emanuel Hospital, 2801 N Gantenbein, Portland, Oregon 97227 a charitable corporation of the state of OREGON has rendered services in hospitalization for Vincente R. Perpnan 87-1 E Mill Plain Blvd. Vancouver, Washington a person who was injured on the 10th day of September 1982, in the city of Near Camas county of Skamania state of Washington, on or about the 10th day of September 19 82, and the said Emanuel Hospital hereby claims a lien upon any money due or owing, or any claim for compensation, damages, contributions, settlements or judgements from Alleg: Two Car Accident, Owner/Driver, Patient, and/or Prudential Insurance Co., P.O. box 2002 Phoenix Arizona, and/or Owner Driver Truck, Unknown Name, Owner Lynden Trucking Co., Unknown Address, and/or Providence Washington Insurance Co., Crawford & Co. Adjusting Co., P.O. Box 23336, Portland, Oregon, and/or Patients Attorney John F. Vomacka, 10427 A N E Forth Plain Rd Vancouver, Washington, and/or any other health insurance not known or mentioned at this time 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 10th day of September, 19 82 and the 28th day of September, 19 82.

Hospital Lien

Adm# 669073-9 Vincente R. Perpnan
664750-7 Life Flite

State of Washington
 County of Skamania

I certify that the within instrument was received for record on the 22 day of Nov, 19 82 at 12 o'clock P. M., and recorded in book 6 on page 735 record of Lien of said county.

Witness my hand and seal of county affixed.

Darip M. Allen, Notary Public

By E. M. Allen Deputy

Indexed ✓
 Direct ✓
 Recorded ✓
 Mailed ✓

ITEMIZED STATEMENT

Med. Service Room & Board	57,791.03
	427.30
TOTAL \$	58,218.33

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

Fifty Eight Thousand Two Hundred Eighteen Dollars and 33/100
58,218.33 dollars (\$ 58,218.33),

and that no part has been paid, except

None dollars (\$ None),

and that there is now due and owing and remaining unpaid thereof, after deducting all credits and offsets, the sum of Fifty Eight Thousand Two Hundred Eighteen Dollars and 33/100

58,218.33 dollars (\$ 58,218.33) in which amount lien is hereby claimed.

By Joanne Thom

I, Joanne Thom

being duly sworn, on oath, say: I am Insurance Clerk of Emanuel 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.

95022

STATE OF OREGON

County of Multnomah

Subscribed and sworn to before me this 11th day of November, 19 82



Darip M. Allen Notary Public of OREGON

My Commission Expires: April 1, 19 85