

FITCH & LUDWICK
4104 The Bank of America Bldg.
SEATTLE, WASHINGTON 98104

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

Swedish Hospital Medical Center

Claimant,

vs.

Harold O. Batson

Patient,

Heli-Jet, Inc.

Helicopter Accident

Tort-Feasor.

NOTICE IS HEREBY GIVEN that the undersigned claimant, whose address is _____

747 Summit Avenue Seattle, Washington 98104

and who claims as a hospital has performed services for
(State whether practitioner, physician, nurse or hospital)

Harold O. Batson

, patient, whose address is _____

14017 SE 132 Renton, Washington 98056

and whose place

of domicile is _____

Same Address

(If same address, state "Same Address." if unknown, state "Unknown to Claimant.")

which services were rendered necessary to said patient as the result of an injury which occurred at the following place: Mt. St. Helens, Washington

on the 5th day of September, 1983

(If time unknown, state "Time Unknown to Claimant")

through the fault of Heli-Jet, Inc.

(If unknown, state "Identity Unknown to Claimant")

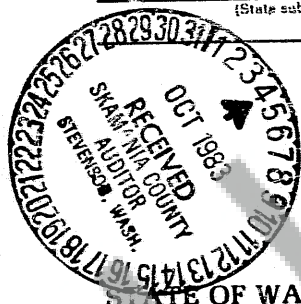
tort-feasor, whose address is _____

3830 Cross St. Eugene, Oregon

(If the address of the person guilty of the injury is unknown, state "Unknown to Claimant")

The claimant claims a lien for the reasonable value of claimant's said services which were rendered necessary by the following described said injury to said patient, to-wit: Neck injury

(State substantially the character of injury and if character of injury be unknown, state "Character of Injury Unknown to Claimant")



(By) Howard H. Smith, Patient Accts. Mgr.
(If claimant is an association, partnership or corporation, sign the name of the corporation or association or the names of the partners by the name of the individual signing the claim, and give his authority therefor, either as the officer of, or as agent for, the association or corporation, or as a member of the association or partnership. If claimant is an individual, claimant MUST sign personally.)

STATE OF WASHINGTON,

County of King

ss.

Howard H. Smith

, on oath being first duly sworn, deposes and says:

That he is the Patient Accounts Manager

(If claimant is a corporation, fill in the office of the subscriber, or if a partnership or association state that he is a member, followed by the words "of the").

above named claimant; that he has read the foregoing claim, knows the contents thereof and believes the same to be just and that the facts therein stated are the truth.

SUBSCRIBED and SWORN to before me this _____

Howard H. Smith, Patient Accts. Mgr.

2nd day of September, 1983

Mikelle Louezy
Notary Public in and for the State of Washington,

residing at Snohomish

ASSIGNMENT OF CLAIM

The above named claimant hereby sells, assigns, sets over and delivers unto _____

of _____, the cause of action and moneys due or to become due for the performance of the services above described, and as incident thereto, hereby assigns to said assignee, the above claim of lien therefor.

Swedish Hospital Medical Center

Claimant