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FILED FOR RECORD  
SKAMAHIA CO. WASH  
BY Jeffrey Meehan

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*P. Lawry*  
AUDITOR  
GARY M. OLSON

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119385

NOTICE OF MEDICAL PROVIDER'S CLAIM OF LIEN  
PURSUANT TO RCW 60.44.020

NOTICE OF CLAIM OF LIEN, pursuant to RCW 60.44.020, is hereby given by Hood River Memorial Hospital and Skyline Hospital, by and through its assignee (for collection purposes) Equifax Credit Information Services, Inc., dba Equifax Accounts Receivable Services. This claim is asserted against the proceeds of the personal injury claim of DIXIE HAWKINS (patient). The patient's personal injury claim is currently being handled by an attorney. The following are the names and addresses of the patient and attorney:

Patient

Dixie Hawkins  
Box 115  
Carson, WA 98610

Attorney

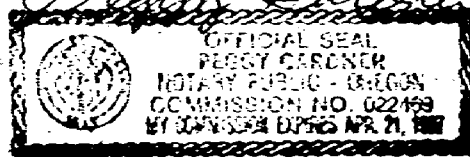
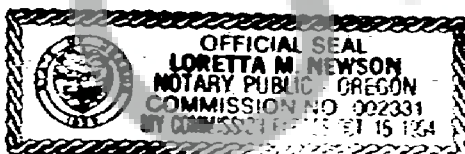
John L. LaLonde  
Boettcher, LaLonde, et al.  
Park Place Executive Suites  
610 Esther St., Suite 225  
P.O. Box 938  
Vancouver, WA 98666

This claim is asserted in the amount of \$656.95 together with interest at the rate of 12% per annum from the date of hospital service and taxable costs. The medical services for which a lien is claimed were hospital services provided for the benefit of and/or the request of patient.

The name and address of the patient's tortfeasor is unknown.

SUBSCRIBED AND SWORN to before me this 4<sup>th</sup> day of May, 1994.

*Loretta M. Newson*  
LORI NEWSON



Registered  
Indorsed, etc.  
[initials]  
[initials]  
[initials]

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