

Legacy Health System
Patient Business Services
PO Box 4037
Portland OR 97208

CLAIM OF LIEN

***Emanuel Hospital and Health Center, 2801 North Gantenbein, Portland, OR 97227 vs.
LYDIA A CHRISTENSEN***

Lien claimed as a hospital pursuant to RCW 60.44 for the following services:

NAME OF INDEBTED PERSON: LYDIA A CHRISTENSEN, Guarantor
ACCOUNT #: 206489225
ADDRESS: 407 COLUMBIA ST
N BONNEVILLE, WA 98639

WHEN INJURY OCCURRED: OCTOBER 12, 2006

NATURE OF THE INJURY: TRAUMA, MOTOR VEHICLE ACCIDENT

LOCATION INJURY OCCURRED: NEAR CARSON, WASHINGTON

DATE SERVICE BEGAN: OCTOBER 12, 2006 ENDED: OCTOBER 12, 2006

LIEN CLAIMED AGAINST: Settlement or third party coverage for injuries sustained by the patient requiring medical services; services may be of an ongoing nature.

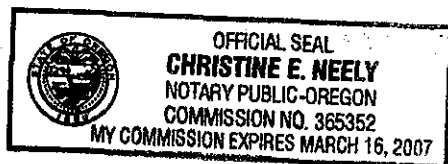
TORTFEASOR: UNKNOWN

PRINCIPLE AMOUNT OF LIENED CLAIM: \$8822.00

State of Oregon
County of Multnomah

JOY CALDERWOOD being sworn, states: I am the representative of Legacy Emanuel Hospital;
I have prepared this Claim of Lien; and believe the same to be true and correct.

SIGNED and attested to before me on OCTOBER 24, 2006 by JOY CALDERWOOD.



Signature

Notary Public for State of Oregon

My Appointment Expires:

3-16-2007