Doc # 2006163502

Page 1 of 1

Date: 10/26/2006 02:03P

Filed by: LEGACY HEALTH SYSTEM

Filed & Recorded in Official Records

of SKANANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$32.00

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.

OFFICIAL SEAL
CHRISTINE E. NEELY
NOTARY PUBLIC-OREGON
COMMISSION NO. 365352
MY COMMISSION EXPIRES MARCH 16, 2007

Signature

Notary Public for State of Oregon

My Appointment Expires: 3-16-260