

**LIFE FLIGHT  
LIEN SATISFACTION**

After recording return to:  
Legacy Health System  
Patient Business Services  
PO Box 4037  
Portland OR 97208

Account No: 206489225

On **OCTOBER 26, 2006**, there was filed in the office of the recording officer of **SKAMANIA** County **WASHINGTON** a certain notice of hospital lien in which the undersigned hospital claimed a lien against **LYDIA A CHRISTENSEN**, the person, corporation or association liable or obligated to compensate the injured person named I said lien for the hospitalization of said injured person in the amount of **\$8822.00**; said lien was duly indexed in **2006163502**, of the Hospital Lien Docket of said county. Reference to said lien and to said Docket hereby is made.

KNOW ALL MEN BY THESE PRESENTS that the undersigned hospital hereby certifies and declares that the amount of said claim has been paid, settled and fully satisfied and that said lien hereby is released and fully discharged.

IN WITNESS WHEREOF, the undersigned lien claimant has caused this instrument to be executed this **16** day of **NOVEMBER 2006**.

**LEGACY EMANUEL HOSPITAL**  
P.O. Box 4037  
Portland, OR 97208-4037

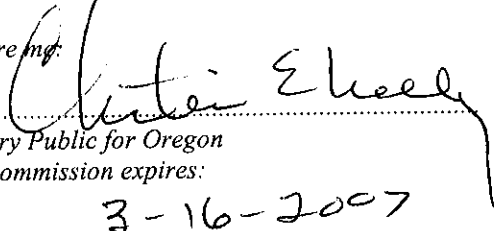
  
By **JOY CALDERWOOD**  
(To be signed by Hospital Owner or Representative)

STATE OF OREGON }  
County of Multnomah) SS.

This instrument was acknowledged before me on **16** day of **NOVEMBER 2006** by **JOY CALDERWOOD** representative of **LEGACY EMANUEL HOSPITAL**.

OFFICIAL SEAL

Before me:

  
Notary Public for Oregon  
My commission expires:

**3-16-2007**

