

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.*  
MICHAEL J IRWIN

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

NAME OF INDEBTED PERSON: MICHAEL J IRWIN, Guarantor

ACCOUNT #: 206953775

ADDRESS: 581 TROUTCREEK RD  
CARSON, WA 98610

WHEN INJURY OCCURRED: JULY 19, 2007

NATURE OF THE INJURY: TRAUMA, MOTOR VEHICLE ACCIDENT

LOCATION INJURY OCCURRED: WINDY RIVER HWY NEAR CARSON,  
WASHINGTON

DATE SERVICE BEGAN: JULY 19, 2007 ENDED: JULY 19, 2007

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: \$9317.00

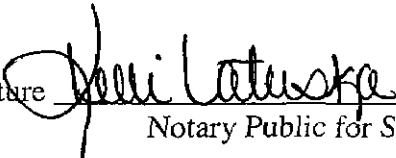
State of Oregon  
County of Multnomah

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.

  
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SIGNED and attested to before me on JULY 20, 2007 by JOY CALDERWOOD.



Signature   
\_\_\_\_\_  
Notary Public for State of Oregon

My Appointment Expires: 10/5/08