Doc # 2007167110 Page 1 of 1 Date: 08/02/2007 11:03A Filed by: LEGACY HEALTH SYSTEM Filed & Recorded in Official Records of SKAMANIA COUNTY SKANANIA COUNTY AUDITOR J MICHAEL GARVISON Fee: \$40.00

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. 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.

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

OFFICIAL SEAL KELLI LATUSKA NOTARY PUBLIC-OREGON COMMISSION NO. 385562 MY COMMISSION EXPIRES OCTOBER 5, 2008 Signature

Notary Public for State of Oregon

My Appointment Expires: 1015108