

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance to Gary R. Donohue, a person who was injured on or about the 13th day of July, 1984, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 74.09.180, for the amount of such assistance, upon any sum due and owing Gary R. Donohue, from Skamania County, alleged to have caused the injury, and/or his insurer and from any other person or insurer liable for the injury or obligated to compensate the injured person on account of such injuries by contract or otherwise.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Clara M. Hyatt, Medical Claims Examiner

STATE OF WASHINGTON)
COUNTY OF THURSTON) ss.

I, Clara M. Hyatt, being first duly sworn on oath, state: That I am Medical Claims Examiner; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Clara M. Hyatt, Medical Claims Examiner

SUBSCRIBED AND SWORN TO before me this 5th day of September, 1985.

NOTARY PUBLIC IN and for the State of
Washington, Residing at Olympia,

RETURN TO:
Department of Social and Health Services
Division of Medical Assistance
Medical Recovery Unit MS HA-11
P.O. Box 9256 Olympia, Washington 98504
Phone: 206/753-3300

DSHS 9-22 (Rev. 9/84)

DET 200A - 7 MENTAL SERVICE
PO BOX 9256, MN-11
O 617/601-1161 78504-9980