

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to David & Glenda Thomas, a person who was injured on or about the 17th day of August, 1991, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 43.20B.060, for the amount of such assistance or residential care, upon any sum due and owing David & Glenda Thomas, from John Riggs, alleged to have caused the injury, and/or his or her 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

Paulette Valentine
Paulette Valentine, Medical Claims Examiner

STATE OF WASHINGTON)
COUNTY OF THURSTON) ss.

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

Paulette Valentine
Paulette Valentine, Medical Claims Examiner

SIGNED AND SWORN TO OR AFFIRMED before me this 11th day of October, 1991
by Paul A. Valentine.

NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires August 22, 1993.

RETURN:
Department of Social and Health Services
Medical Assistance Administration
TPL Casualty Unit MS HA-11
P.O. Box 45561 Olympia, Washington 98504-5561
Phone: (206) 753-1562 or 1-800-562-6136
OSHS 9-22 (Rev.7/90)

Registered
Incorporated, D/C
Incorporated
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Incorporated

Oct 21 4 45 PM '91
J. J. J.