

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance to Elsie M. Miler, a person who was injured on or about the 10th day of August, 1987, 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 Elsie M. Miler, from Joe Germann Sr. & Farmers Insurance, 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

Kay Stewart, da
 Kay Stewart, Medical Claims Examiner

STATE OF WASHINGTON)
) ss.
 COUNTY OF THURSTON)

I, Kay Stewart, 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.

Kay Stewart, da
 Kay Stewart, Medical Claims Examiner

SUBSCRIBED AND SWORN TO before me this 5th day of January, 1988.

Sharon Black
 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) 753-2627 or 1-800-562-6136

DSHS 9-22 (Rev.3/87)

FILED FOR RECORD
 SKAMANIA CO. WASH
 BY D.S.H.S.

Jan 11 12 07 PM '88

cl. J. J. Op
 AUDITOR

Registered S
 Indexed, Clr S
 Index
 Filed
 Filed