

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance to Esther L. Leete, a person who was injured on or about the 7th day of February, 1990, 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 Esther L. Leete, from John Cantwell, 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

Sandy Elder
Sandy Elder, Medical Claims Examiner

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

I, Sandy Elder, 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.

Sandy Elder
Sandy Elder, Medical Claims Examiner

SUBSCRIBED AND SWORN TO before me this 21st day of June, 1990.

Kathleen Stewart
NOTARY PUBLIC IN and for the State of
Washington, Residing in Olympia

RETURN:
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
STATE OF WASH
BY *DSHS*

JUN 25 12 24 PM '90

P. Lowry
GARY M. OLSON

Notary
Public
Kathleen Stewart
Olympia, WA
7-5190