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STATEMENT OF LIEN BOOK 141 PAGE 33

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Shawn H. Miller, a person who was injured on or about the 5th day of September, 1993, 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 Shawn H. Miller, from Kent Smith, 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

Sandy Elder

Sandy Elder, Medical Claims Examiner

Entered
Indexed, Dir
Indirect
Filmed
Mailed

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

SIGNED AND SWORN TO OR AFFIRMED before me this 19th day of January, 1994 by Sandy Elder.

Sharon Black

NOTARY PUBLIC IN and for the State of Washington.
My appointment expires August 22, 1997.

RETURN:
Department of Social and Health Services
Medical Assistance Administration
TPR Casualty Unit
P.O. Box 45561, Olympia, Washington 98504-5561
Ext: 7332627 or 1-800-562-6136
Fax: (206) 753-3077
DSHS 9-22 (Rev.4/93)

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

JAN 24 2 20 PM '94
P. Johnson
AUDITOR
GARY M. OLSON

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