

RETURN TO: ADULT & FAMILY SERVICES DIVISION
Third Party Recovery Unit
Post Office Box 14023
Salem, Oregon 97309

FILED FOR RECORD
SKAMANIA CO. WASH
BY *State of OR, DHS*

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
ADULT AND FAMILY SERVICES DIVISION

MAR 21 12 20 PM '96

Q. J. Young
AUDITOR
GARY M. OLSON

124847

NOTICE OF LIEN
(Hospital Lien Docket)

BOOK , PAGE 152

NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division has rendered assistance to Spring S. Jackson et al, who sustained injuries on or about May 15, 1995, in or near Grants Pass, Oregon and the Adult and Family Services Division hereby asserts a lien to the extent provided in ORS 416.510 to 416.610, for the amount of cash and accident related medical assistance upon any amount due and owing the said Spring S. Jackson et al, under a judgment, settlement or compromise from John Sume et al, alleged to have caused such injuries and from any other person or public body, agency or commission liable for injury or obligated to compensate the injured person on account of such injuries.

Adult and Family Services Division
Stephen D. Minnich, Administrator

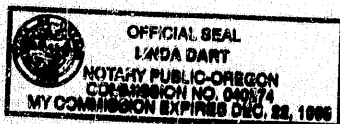
By *Judy Young*
Third Party Recovery Unit
Personal Injury Liens Program

STATE OF OREGON)
County of Marion) ss.

I, Judy Young, being first duly sworn on oath say: That I am a representative of the Personal Injury Liens Program, Adult and Family Services Division; that I have read the foregoing Notice of Lien and know the contents thereof and believe the same to be true.

Judy Young
Subscribed and sworn to before me on
March 13, 1996.

Lonnie West
Notary Public for Oregon
My Commission Expires: 12-22-98



Registered ☒
Indexed, Dir ☒