STATEMENT OF LIEN

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Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Donna J. Williams, a person who was injured on or about the 27th day of May, 1995, in the County of Columbia, State of Oregon, 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 Donna J. Williams, from Vonnie's Dog House, 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

Louise Brantley

Louise Brantley, Medical Claims Examiner

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON )

I, Louise Brantley, 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.

Louise Brantley

Louise Brantley, Medical Claims Examiner

SIGNED AND SWORN TO OR AFFIRMED before me this 23rd day of May, 1996 by Louise Brantley.

NOTARY PUBLIC STATE OF WASHINGTON JUL 7 1997

Cynthia J Braun

NOTARY PUBLIC IN and for the State of Washington.
My appointment expires July 7, 1997.

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

May 29 10 08 AM '96
P Lowry
AUDITOR
ARY M. OLSON

RETURN:
Department of Social and Health Services
Medical Assistance Administration
TPR Casualty Unit
P.O. Box 45561 Olympia, Washington 98504-5561
Ext: 664-1393 or 1-800-562-6136
Fax: (360) 753-3077
DSHS 9-22 (Rev.4/93)