

STATEMENT OF LIEN

125335

BOOK 157 PAGE 393

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

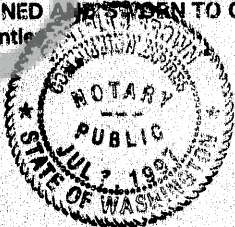
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 Mailed ☒

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



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

FILED FOR RECORD
 SKAMANIA CO. WASH
 BY DSMS

RETURN:
 Department of Social and Health Services
 Medical Assistance Administration
 TPR Casualty Unit
 P.O. Box 45561 Olympia, Washington 98504-5561
 Ext: 664-7393 or 1-800-562-6136
 Fax: (360) 753-3077
 DSHS 9-22 (Rev. 4/93)

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