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FILED FOR RECORD
SKAMANIA CO. WASH
BY - DSHS -

RETURN:

Department of Social and Health Services
Medical Assistance Administration
TPR Casualty Unit
P.O. Box 45561 Olympic, Washington 98504-5561
Ext: 664-9393 or 1-800-532-6136
Fax: (360) 753-3077
DSHS 3-22 (Rev.4/93)

DEC 9 1 20 PM '96

G. Olsson
AUDITOR
GARY M. OLSON

STATEMENT OF LIEN

Grantee/Debtor: Howell Trucking & North Pacific Insurance
Grantor/Creditor: DSHS and Sharon J. Stone

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Sharon J. Stone, a person who was injured on or about the 27th day of March, 1996, 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 Sharon J. Stone, from Howell Trucking & North Pacific Insurance, 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

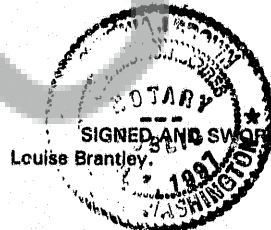
STATE OF WASHINGTON)

) 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 15th day of November, 1996 by
Louise Brantley.

Cynthia J. Brown
NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires July 97.

Registered ☒
Indexed, Cir ☒
Filed ☒
Mailed ☒