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FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

JAN 13 4 38 PM '97
O Lowry
AUDITOR
GARY M. OLSON

RETURN:
Department of Social and Health Services
Medical Assistance Administration
TPR Casualty Unit
P.O. Box 45561 Olympia, Washington 98504-5561
Ext: 586-8572 or 1-800-562-6136
Fax: (360) 753-3077
DSHS 9-22 (Rev.4/93)

STATEMENT OF LIEN

Grantor/Debtor: Hong Van Vo
Grantee/Creditor: DSHS and Jayairus J. Johnson
Date of Injury: 10/4/94

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Jayairus J. Johnson, a person who was injured on or about the 4th day of October, 1994, in the County of Multnomah, 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 Jayairus J. Johnson, from Hong Van Vo, 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

Sharla Metheny

Sharla Metheny, Medical Claims Examiner

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON )

I, Sharla Metheny, 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.

Sharla Metheny

Sharla Metheny, Medical Claims Examiner

SIGNED AND SWORN TO OR AFFIRMED before me this 12th day of December, 1996 by Sharla Metheny.

Cynthia J. Brown

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

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