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FILED FOR RECORD
 SKAMANA, OREGON
 BY State of OR, Dept.
 Human Resources
 SEP 22 1 49 PM '99
G. Young
 AUDITOR
 GARY M. CLSON

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

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

NOTICE OF LIEN
 (Hospital Lien Docket)

NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division has rendered assistance to LAVERNE I. KASSERMAN et al, who sustained injuries on or about June 15, 1989, in or near PORTLAND, OREGON and the Adult and Family Services Division hereby asserts a lien to the extent provided in ORS 416.510 to 416.510, for the amount of cash and accident related medical assistance upon any amount due and owing the said LAVERNE I. KASSERMAN et al, under a judgement, settlement or compromise from GLEN RUX et al, alleged to have caused such injuries and from any other person or public body, agency or commission liable for the injury or obligated to compensate the injured person on account of such injuries.

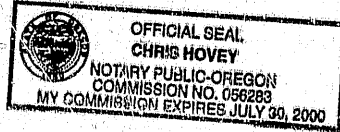
Adult and Family Services Division
 Sandra Hoback, Administrator

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

Approved ☒
 Indexed ☒
 Filed ☒
 Mailed ☒

STATE OF OREGON)
) ss.
 County of Multnomah)

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 before me on
 September 7, 1999

Chris Hovey
 Notary Public for Oregon
 My Commission Expires: July 30, 2000