

137852

BOOK 198 PAGE 221

RETURN:

Department of Social and Health Services
 Medical Assistance Administration
 COB Casualty Unit
 P.O. Box 45561 Olympia, WA 98504-5561

FILED
 SKAMIA
 DSHS

APR 12 11 23 AM '00

P. Laury
 GARY H. OLSON

STATEMENT OF LIEN

Grantor/Debtor: Met Life Auto & Home Insurance
 Grantee/Creditor: DSHS and Martha E. Sears
 Date of Injury: October 20, 1999

Supervisor _____
 Inspector _____
 Auditor _____
 Clerk _____
 Mailer _____

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Martha E. Sears, a person who was injured on or about the 20th day of October, 1999, 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 Martha E. Sears, from Met Life Auto & Home 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

Lisa Plaquet
 Lisa Plaquet, Medical Assistance Specialist

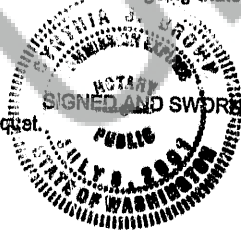
STATE OF WASHINGTON)
)ss.
 COUNTY OF THURSTON)

I, Lisa Plaquet, being first duly sworn on oath, state: That I am Medical Assistance Specialist; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Lisa Plaquet
 Lisa Plaquet, Medical Assistance Specialist

Plaquet.

SIGNED AND SWORN TO OR AFFIRMED before me this 29th day of March, 2000 by Lisa



Cynthia A. Brown
 NOTARY PUBLIC IN and for the State of
 Washington.

My appointment expires July 8, 2001.

1-800-562-6136 Ext: 5-1203
 Fax: (360) 753-3077
 DSHS 9-22 (Rev. 4/93)