

BOOK 264 PAGE 409

FILED FOR RECORD
SKAMANIA CO WASH
BY DSHS

Nov 15 9 48 AM '00

Gary
AUDITOR
GARY M. OLSON

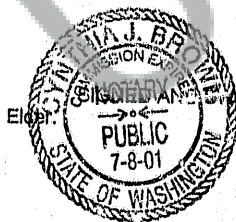
Grantor/Debtor: Ed & Maria Hopkins and State Farm Insurance
Grantee/Creditor: DSHS and Ella L. Moore
Date of Injury: 10-2-99

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Ella L. Moore, a person who was injured on or about the 2nd day of October, 1999, in the County of Clark, 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 Ella L. Moore, from Ed & Maria Hopkins and State Farm 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.

Sandra Elder
Sandra Elder, Medical Assistance Specialist

STATE OF WASHINGTON)
)ss.
COUNTY OF THURSTON)

I, Sandra Elder, 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.



Sandra Elder
Sandra Elder, Medical Assistance Specialist

Signed and sworn to OR AFFIRMED before me this 19th day of October, 2000 by Sandra

Cynthia A Brown
 NOTARY PUBLIC IN and for the State of
 Washington.
 My appointment expires July 8, 2001.

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DSHS 9-22 (Rev. 4/93)