

142300

BOOK 214 PAGE 639

RETURN:

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

FILED FOR RECORD
 SKAMANIA CO. WASH
 BY DSHS

SEP 12 10 04 AM '01

P. Laury
 AUDITOR
 GARY M. CLSON

STATEMENT OF LIEN

Grantor/Debtor: Andrea B. Smith and Safeco Insurance
 Grantee/Creditor: DSHS and Sheree E. Thomas
 Date of Injury: 1/18/01

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Sheree E. Thomas, a person who was injured on or about the 18th day of January, 2001, 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 Sheree E. Thomas, from Andrea B. Smith and Safeco 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 Assistance Specialist

STATE OF WASHINGTON)

)ss.

COUNTY OF THURSTON)

I, Louise Brantley, 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.

Louise Brantley
 Louise Brantley, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 7th day of August, 2001 by Louise Brantley



1-800-597-9122 (TDD) 1-201
 Fax: (360) 455-7777
 DSHS 9-22 (Rev. 4/93)

Sharla L. Metheny
 NOTARY PUBLIC IN and for the State of
 Washington.
 My appointment expires August 20, 2004.

exp. 8/20/04
 signed by
 notary
 in presence of
 witnesses
 \$1.00