

148244

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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 COUNTY WASH
BY DSHS

APR 8 9 47 AM '03

Odowry
ALL INFORMATION
J. MICHAEL ODOWRY

STATEMENT OF LIEN

Grantor/Debtor: Catherine McFall, Robert and Patty Tubbs, Grange Insurance (claim# 00021034001),

Allstate Insurance

Grantee/Creditor: DSHS and Jason D. Berry

Date of Injury: 12-22-02

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Jason D. Berry, a person who was injured on or about the 22nd day of December, 2002, 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 Jason D. Berry, from Catherine McFall, Robert and Patty Tubbs, Grange Insurance (claim# 00021034001), Allstate 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 injury by contract or otherwise.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Cindy Brown
Cindy Brown, Medical Assistance Specialist

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STATE OF WASHINGTON)
ss.
COUNTY OF THURSTON)

I, Cindy Brown, 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.

Cindy Brown
Cindy Brown, Medical Assistance Specialist

Brown SISTERED AND SWORN TO OR AFFIRMED before me this 14th day of March, 2003 by Cindy



Shane S. Matheny
NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires August 20, 2004.

1-800-462-6196 Ext. 3-1208
Fax: (360) 753-3077
DSHS 9-22 (Rev. 4/93)