

120721

STATEMENT OF LIEN

BOOK 146 PAGE 220

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Ashley L. Barnes, a person who was injured on or about the 14th day of January, 1994, in the County of Hood River, State of Oregon, 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 Ashley L. Barnes, from Walmart and Claims Management Incorporated, 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

Cindy Brown
Cindy Brown, Medical Claims Examiner

STATE OF WASHINGTON)

) ss.

COUNTY OF THURSTON)

I, Cindy Brown, being first duly sworn on oath, state: That I am Medical Claims Examiner; 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 Claims Examiner

SIGNED AND SWORN TO OR AFFIRMED before me this 20th day of September, 1994 by Cindy Brown.

Shirley Black
NOTARY PUBLIC IN and for the State of Washington.
My appointment expires August 22, 1997.

RETURN:

Department of Social and Health Services
Medical Assistance Administration
TPR Casualty Unit
P.O. Box 45561 Olympia, Washington 98504-5561
Ext: 7532571 or 1-800-562-6136
Fax: (206) 753-3077
DSHS 9-22 (Rev.4/93)

Registered ☒
Indexed ☒
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SKAMANIA CO. WASH
BY DSHS; MAA

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P. Gary
AUDITOR
GARY M. OLSON