

RETURN TO: ADULT & FAMILY SERVICES DIVISION  
Third Party Recovery Unit  
Post Office Box 14023  
Salem, Oregon 97309

STATE OF OREGON  
DEPARTMENT OF HUMAN RESOURCES  
ADULT AND FAMILY SERVICES DIVISION

124847

NOTICE OF LIEN  
(Hospital Lien Docket)

FILED FOR RECORD  
SEATTLE, WASH  
BY State of OR, DHS

MAR 21 12 20 PM '96

*Q. X. X. X.*  
AUDIT  
GARY M. OLSON

BOOK 156 PAGE 152

NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division has rendered assistance to Spring S. Jackson et al, who sustained injuries on or about May 15, 1995, in or near Grants Pass, Oregon and the Adult and Family Services Division hereby asserts a lien to the extent provided in ORS 416.510 to 416.510, for the amount of cash and accident related medical assistance upon any amount due and owing the said Spring S. Jackson et al, under a judgment, settlement or compromise from John Sume et al, alleged to have caused such injuries and from any other person or public body, agency or commission liable for injury or obligated to compensate the injured person on account of such injuries.

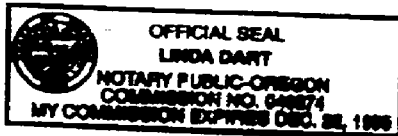
Adult and Family Services Division  
Stephen D. Minnich, Administrator

By *Judy Young*  
Third Party Recovery Unit  
Personal Injury Liens Program

STATE OF OREGON )  
                          ) ss.  
County of Marion)

I, Judy Young, being first duly sworn on oath say: That I am a representative of the Personal Injury Liens Program, Adult and Family Services Division; that I have read the foregoing Notice of Lien and know the contents thereof and believe the same to be true.

*Judy Young*  
Subscribed and sworn to before me on  
March 13, 1996.



*Linda Dant*  
Notary Public for Oregon  
My Commission Expires: 12-22-98

Indexed	✓
Filed	✓
Recorded	✓
Filed	✓
Mailed	✓