

126873

BOOK 761 PAGE 228

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

RETURN:

Department of Social and Health Services  
Medical Assistance Administration  
TPR Casualty Unit  
P.O. Box 45561 Olympia, Washington 98504-5561  
Ext: 664-9393 or 1-800-562-6136  
Fax: (360) 753-3077  
DSHS 9-22 (Rev.4/93)

DEC 9 1 20 PM '96

*G. Larry*  
AUDITOR  
GARY M. OLSON

STATEMENT OF LIEN

Grantee/Debtor: Howell Trucking & North Pacific Insurance  
Grantor/Creditor: DSHS and Sharon J. Stone

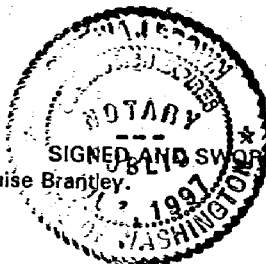
Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Sharon J. Stone, a person who was injured on or about the 27th day of March, 1996, in the County of Skamania, State of Washington, and the said Department 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 Sharon J. Stone, from Howell Trucking & North Pacific 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 Claims Examiner

STATE OF WASHINGTON)  
 ) ss.  
COUNTY OF THURSTON )

I, Louise Brantley, 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.



*Louise Brantley*  
Louise Brantley, Medical Claims Examiner

SIGNED AND SWORN TO OR AFFIRMED before me this 15th day of November, 1996 by  
Louise Brantley.

*Cynthia J. Brown*  
NOTARY PUBLIC IN and for the State of  
Washington.  
My appointment expires July 7, 1997.

Searched	✓
Indexed	✓
Filed	✓
Stated	✓

126873

BOOK 761 PAGE 228

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

RETURN:

Department of Social and Health Services  
Medical Assistance Administration  
TPR Casualty Unit  
P.O. Box 45561 Olympia, Washington 98504-5561  
Ext: 664-9393 or 1-800-562-6136  
Fax: (360) 753-3077  
DSHS 9-22 (Rev.4/93)

DEC 9 1 20 PM '96

*Odyssey*  
AUDITOR  
GARY M. OLSON

STATEMENT OF LIEN

Grantee/Debtor: Howell Trucking & North Pacific Insurance  
Grantor/Creditor: DSHS and Sharon J. Stone

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Sharon J. Stone, a person who was injured on or about the 27th day of March, 1996, 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 Sharon J. Stone, from Howell Trucking & North Pacific 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 Claims Examiner

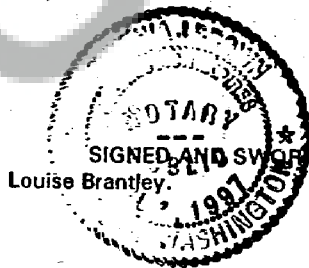
STATE OF WASHINGTON)

) ss.

COUNTY OF THURSTON )

I, Louise Brantley, 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.

*Louise Brantley*  
Louise Brantley, Medical Claims Examiner



SIGNED AND SWORN TO OR AFFIRMED before me this 15th day of November, 1996 by  
Louise Brantley.

*Cynthia J. Brown*  
NOTARY PUBLIC IN and for the State of  
Washington.  
My appointment expires July 7, 1997.

Registered ☒  
Indexed ☒  
Filed ☒  
Stated ☒