130535

BOOK 173 PAGE 434

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

FEB 17 4 12 PM '98
O Lowry
AUDITOR
GARY H. OLSON

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

STATEMENT OF LIEN

Grantor/Debtor: Steve Foster/Cheryl A. Wiggins and Safeco Insurance
Grantee/Creditor: DSHS and Cheryl A. Wiggins
Date of Injury: 10/4/97

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Cheryl A. Wiggins, a person who was injured on or about the 4th day of October, 1997, in the County of Skamania, State of Washington, and the said Department hererby 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 Cheryl A. Wiggins, from Steve Foster/Cheryl A. Wiggins 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 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 13th day of January, 1997 by Louise Brantley.

CYNTHIA J. BRAUER NOTARY PUBLIC STATE OF WASHINGTON

Cynthia J Brauer

NOTARY PUBLIC IN and for the State of Washington.
My appointment expires July 8, 2001.

Ext. 664-9393, or 1-800-562-6136
Fax (360) 753-3077
DSHS 9-22 (Rev. 4/93)

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