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BOOK 191 PAGE 453

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

FILED
SK/ SH
B- DSHS

JUL 16 4 10 PM '99

O'Leary
GARY H. OLSON

STATEMENT OF LIEN

Grantor/Debtor: Diana L. Chappelle
Grantee/Creditor: DSHS and Jody M. McKenzie
Date of Injury: 1-5-99

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Jody M. McKenzie, a person who was injured on or about the 5th day of January, 1999, in the County of Clark, 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 Jody M. McKenzie, from Diana L. Chappelle, 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

Sandra Elder
Sandra Elder, Medical Assistance Specialist

STATE OF WASHINGTON)
Jss.
COUNTY OF THURSTON)

I, Sandra Elder, 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.

Sandra Elder
Sandra Elder, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 4th day of June, 1999 by Sandra Elder.

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

1-800-562-6136 Ext. 753-2627
Fax: (360) 753-3077
DSHS 9-22 (Rev. 4/93)

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