

139670

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

BOOK 204 PAGE 409

FILED FOR RECORD  
SKANIS WASH  
BY DSHS

NOV 15 9 48 AM '00

*Gary*  
AUDITOR  
GARY H. OLSON

STATEMENT OF LIEN

Grantor/Debtor: Ed & Maria Hopkins and State Farm Insurance  
Grantee/Creditor: DSHS and Ella L. Moore  
Date of Injury: 10-2-99

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Ella L. Moore, a person who was injured on or about the 2nd day of October, 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 Ella L. Moore, from Ed & Maria Hopkins and State Farm 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

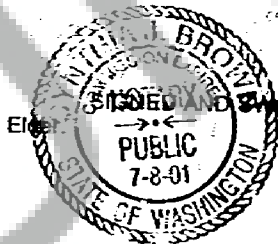
*Sandra Elder*  
Sandra Elder, Medical Assistance Specialist

STATE OF WASHINGTON)

ss.

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 19th day of October, 2000 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: 51209  
Fax: (360) 753-3077  
DSHS 9-22 (Rev. 4/93)