

141498

BOOK 211 PAGE 636

RETURN:

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

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

JUN 26 10 16 AM '01

*P. Olson*  
AUDITOR  
GARY H. OLSON

STATEMENT OF LIEN

Grantor/Debtor: Fran Smith, Farmers Insurance  
Grantee/Creditor: DSHS and Tanis C. Lane  
Date of Injury: 10-19-00

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to Tanis C. Lane, a person who was injured on or about the 19th day of October, 2000, 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 Tanis C. Lane, from Fran Smith, Farmers 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

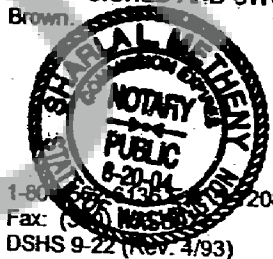
*Cindy Brown*  
Cindy Brown, Medical Assistance Specialist

STATE OF WASHINGTON)  
)ss.  
COUNTY OF THURSTON )

I, Cindy Brown, 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.

*Cindy Brown*  
Cindy Brown, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 31st day of May, 2001 by Cindy Brown.



*Sharyl McHenry*  
NOTARY PUBLIC IN and for the State of  
Washington.  
My appointment expires August 20, 2004.

Registered \_\_\_\_\_  
Signed by \_\_\_\_\_  
Notary \_\_\_\_\_  
Witness \_\_\_\_\_  
Witness \_\_\_\_\_