

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

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: Jacqueline Burns, Farmers Insurance
Grantee/Creditor: DSHS and Joely D. Burns
Date of Injury: 9-3-04

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to Joely D. Burns, a person who was injured on or about the 3rd day of September, 2004, 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 Joely D. Burns, from Jacqueline Burns, 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 13th day of May, 2005 by Cindy Brown.



Kathryn E. Fertuna
NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires January 22, 2008.