Doc # 2006162712
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Date: 08/21/2006 04:11P
Filed by: DEPT SOCIAL & HEALTH SERVICES
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$32.00

RETURN:
Department of Social and Health Services
Medical Assistance Administration Casualty Unit
P.O. Box 45561 Olympia, WA 98504-5561
Fax: (360) 753-3077
1-800-894-3754 Ext: 51201

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: A and J SELECT MARKET; GROCER'S INSURANCE GROUP Grantee/Creditor: DSHS and VELVET J VANDERSLICE

Date of Injury: 05/02/2006

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to VELVET J VANDERSLICE, a person who was injured on or about the 2nd day of May, 2006, 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 VELVET J VANDERSLICE from A and J SELECT MARKET; GROCER'S INSURANCE GROUP, 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.

STATE OF WASHINGTON)

)ss.

COUNTY OF THURSTON)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Louise Brantley, Medical Assistance Specialist

1, Louise Brantley, being first duly sworn on oath, state: That I am a Medical Assistance Specialist; that I have a read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Louise Brantley, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 8th day of August, 2606 by Louise Brantley.

NOTARY PUBLIC IN and for the State of Washington

My appointment expires July 8, 2009