

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: 51184

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: FRATERNAL ORDER OF EAGLES; WESTPORT INSURANCE CORP.; Claim #616645
Grantee/Creditor: DSHS and MARGARET HOBBS
Date of Injury: 02/19/2006

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to MARGARET HOBBS, a person who was injured on or about the 19th day of February, 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 MARGARET HOBBS from FRATERNAL ORDER OF EAGLES; WESTPORT INSURANCE CORP.; Claim #616645, 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


Steve White, Medical Assistance Specialist

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


Steve White, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 28th day of September, 2006 by Steve White.


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

