

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

STATEMENT OF LIEN

THIS LIEN DOES NOT AFFECT REAL PROPERTY

Grantor/Debtor: SKAMANIA COUNTY; ROSE CITY ADJUSTERS; Claim #R6086BW
Grantee/Creditor: DSHS and MICHAEL HUBBELL
Date of Injury: 01/02/2009

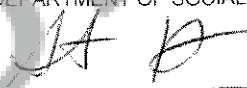
Notice is hereby given that the State of Washington, Department of Social and Health Services, has provided and may still be providing assistance or residential care to MICHAEL HUBBELL, a person who was injured on or about the 2nd day of January, 2009, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 43.20B.060 and WAC 388-501-0100, for the amount of such assistance or residential care, upon any sum for medical expenses due, owing, or paid to MICHAEL HUBBELL from SKAMANIA COUNTY; ROSE CITY ADJUSTERS; Claim #R6086BW, 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 27th day of July, 2009 by Steve White.



NOTARY PUBLIC IN and for the State of Washington
My appointment expires May 21, 2013

