

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: GARY DAUBENSPECK; FARMERS INSURANCE; Policy #79-0185171392; Claim #1013979415-1-2
Grantee/Creditor: DSHS and GRISELDA ISORDIA
Date of Injury: 05/01/2009

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 GRISELDA ISORDIA, a person who was injured on or about the 1st day of May, 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 GRISELDA ISORDIA from GARY DAUBENSPECK; FARMERS INSURANCE; Policy #79-0185171392; Claim #1013979415-1-2, 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)

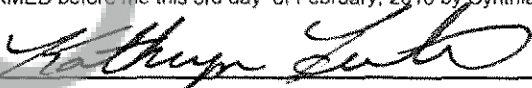
DEPARTMENT OF SOCIAL AND HEALTH SERVICES


Cynthia L. Mills, Medical Assistance Specialist

I, Cynthia L. Mills, 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.


Cynthia L. Mills, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 3rd day of February, 2010 by Cynthia L. Mills.


NOTARY PUBLIC IN and for the State of Washington
My appointment expires January 22, 2012

