AFN #2015000066 Recorded 01/14/2015 at 03:07 PM DocType: LIEN Filed by: DEPT OF SOCIAL & HEALTH SVCS Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA

RETURN: Health Care Authority Casualty Unit P.O. Box 45561 Olympia, WA 98504-5561

## STATEMENT OF LIEN

## THIS LIEN DOES NOT AFFECT REAL PROPERTY

Grantor/Debtor: The Hartford; Policy #52PH424964; Claim #PA0012125699 Grantee/Creditor: HCA and ANDRES BARRON-RAMOS 100106766wa

Date of Injury: 10/12/2014

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to ANDRES BARRON-RAMOS, a person who was injured on or about the 12th day of October, 2014, in the County of Skamania, State of Washington, and the said department hereby asserts a lien, to the extent provided in RCW 41.05A.070 and WAC 182-501-0100, for the amount of such assistance or residential care, upon any sum for medical expenses due, owing, or paid to ANDRES BARRON-RAMOS from The Hartford; Policy #52PH424964; Claim #PA0012125699, 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)

Health Care Authority

essica Longo, Medical Assistance Specialist

I, Jessica Longo, being first duly swom 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.

Jessica Longo, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 29th day of December, 2014 by Jessica Longo.

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NOTARY PUBLIC IN and for the State of Washington

My appointment expires January 22, 2016