

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: KIMBERLY WELLMAN; COUNTRY COMPANIES; Claim #186-0025518  
Grantee/Creditor: HCA and DARREN V MICHIE 101927613WA  
Date of Injury: 05/06/2014


Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to DARREN V MICHIE, a person who was injured on or about the 6th day of May, 2014, in the County of Clark, 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 DARREN V MICHIE from KIMBERLY WELLMAN; COUNTRY COMPANIES; Claim #186-0025518, 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

  
Sandra Elder, Medical Assistance Specialist

I, Sandra Elder, 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.

  
Sandra Elder, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 22nd day of October, 2015 by Sandra Elder.



NOTARY PUBLIC IN and for the State of Washington  
My appointment expires January 22, 2016

