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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: Samuel Q Wertheimer; OREGON MUTUAL CLAIMS; Policy #WP745602

Grantee/Creditor: HCA and VIRGINIA M MOON 201043514WA

Date of Injury: 08/04/2015

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to VIRGINIA M MOON, a person who was injured on or about the 4th day of August, 2015, 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 VIRGINIA M MOON from Samuel Q Wertheimer; OREGON MUTUAL CLAIMS; Policy #WP745602, 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 13th day of January, 2016 by Sandra Elder.

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