

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: Paul A Keating; FARMERS INSURANCE; Policy #188683461; Claim #3004801578; SAFECO INSURANCE;
Claim #886427906033
Grantee/Creditor: HCA and BRANDON PLUMB 101196525WA
Date of Injury: 11/05/2015

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to BRANDON PLUMB, a person who was injured on or about the 5th day of November, 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 BRANDON PLUMB from Paul A Keating; FARMERS INSURANCE; Policy #188683461; Claim #3004801578; SAFECO INSURANCE; Claim #886427906033, 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

Michael F. Haynes

Michael F Haynes, Medical Assistance Specialist

I, Michael F Haynes, 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.

Michael F. Haynes

Michael F Haynes, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 12th day of January, 2016 by Michael F Haynes.

Kathryn E. Fertum

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

