

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: SAFEWAY; Sedgwick Claims; Claim #L139072-0001  
Grantee/Creditor: HCA and KATHERINE A MANN 200901954WA  
Date of Injury: 04/21/2015

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to KATHERINE A MANN, a person who was injured on or about the 21st day of April, 2015, 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 KATHERINE A MANN from SAFEWAY; Sedgwick Claims; Claim #L139072-0001, 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  
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  
Sandra Elder, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 3rd day of February, 2016 by Sandra Elder.

Michael F. Haynes

NOTARY PUBLIC IN and for the State of Washington  
My appointment expires May 21, 2017

