

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: Surfside Ocean Front Resort; AUSTIN MUTUAL; Claim #127132  
Grantee/Creditor: HCA and CECILY A BEQUETTE 102287770wa  
Date of Injury: 03/14/2015

Notice is hereby given that the State of Washington, Health Care Authority, has provided and may still be providing assistance or residential care to CECILY A BEQUETTE, a person who was injured on or about the 14th day of March, 2015, in the County of Tillamook, State of Oregon, 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 CECILY A BEQUETTE from Surfside Ocean Front Resort; AUSTIN MUTUAL; Claim #127132, 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)

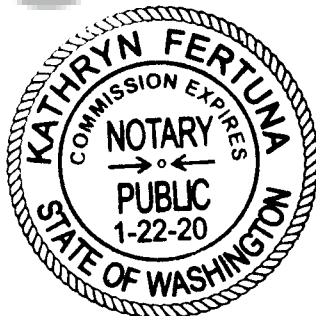
Health Care Authority

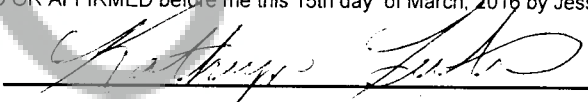
  
Jessica Longo, Medical Assistance Specialist

I, Jessica Longo, 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.

  
Jessica Longo, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 15th day of March, 2016 by Jessica Longo.



  
NOTARY PUBLIC IN and for the State of Washington  
My appointment expires January 22, 2020