AFN #2016002780 Recorded Dec 27, 2016 02:59 PM DocType: LIENCITY Filed by: Health Care Authority / Division of ProviderOne Operations and Services Page: 1 of 1 File Fee: \$33.00 Auditor Robert J. 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: JEFFREY R BAUNACH; STATE FARM INSURANCE CO; Claim #37-8R39-974 Grantee/Creditor: HCA and ANTHONY W MCCORD JR 201313468WA Date of Injury: 06/14/2016

Notice is hereby given that the State of Washington, Health Care Authority, has rendered assistance to ANTHONY W MCCORD JR, a person who was injured on or about the 14th day of June, 2016 in the county of Wasco, state of Oregon, and the said authority hereby asserts a lien, to the extent provided in RCW 41.05A.070, for the amount of such assistance, upon any sum due and owing ANTHONY W MCCORD JR from JEFFREY R BAUNACH; STATE FARM INSURANCE CO; Claim #37-8R39-974, 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 company the injury of account of such as a state of the province. obligated to compensate the injured person on account of such injuries by contract or otherwise.

STATE OF WASHINGTON)

COUNTY OF THURSTON)

Health Care Authority

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 7th day of December, 2016 by Sandra Elder.

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