

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: AUSTIN WINANS; Country Financial; Claim #201-1419027
Grantee/Creditor: HCA and ELIZABETH A WYER 101362457WA
Date of Injury: 12/22/2015


Notice is hereby given that the State of Washington, Health Care Authority, has rendered assistance to ELIZABETH A WYER, a person who was injured on or about the 22nd day of December, 2015 in the county of WASCO, state of OR, 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 ELIZABETH A WYER from AUSTIN WINANS; Country Financial; Claim #201-1419027, 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)

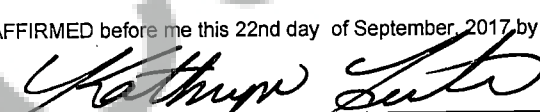
Health Care Authority


Steve White, Medical Assistance Specialist

I, Steve White, 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.


Steve White, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 22nd day of September, 2017 by Steve White.


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

