

RETURN:  
Department of Social and Health Services  
Medical Assistance Administration  
COB Casualty Unit  
P.O. Box 45561 Olympia, WA 98504-5561



200311240002  
Skagit County Auditor

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STATEMENT OF LIEN

Grantor/Debtor: Patricia Harem; Edward J. Finlan; Mutual of Enumclaw (claim #0103-14392)  
Grantee/Creditor: DSHS and David Lowry  
Date of Injury: 06/05/03

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered or provided residential care to David Lowry, a person who was injured on or about the 5th day of June, 2003, in the County of Skagit, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 43.20B.060, for the amount of such assistance or residential care, upon any sum due and owing David Lowry, from Patricia Harem; Mutual of Enumclaw (claim #0103-14392), 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.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

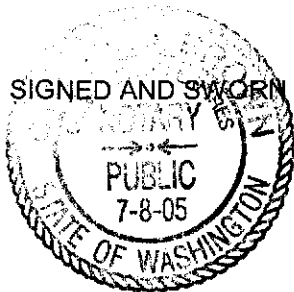
Mary Fry  
Mary Fry, Medical Assistance Specialist

STATE OF WASHINGTON)  
)ss.  
COUNTY OF THURSTON)

I, Mary Fry, being first duly sworn on oath, state: That I am Medical Assistance Specialist; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Mary Fry  
Mary Fry, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 22nd day of October, 2003 by Mary Fry.



Cynthia J. Brown  
NOTARY PUBLIC IN and for the State of Washington.  
My appointment expires July 8, 2005.

1-800-562-6136 Ext: 5-1921  
Fax: (360) 753-3077  
DSHS 9-22 (Rev. 4/93)