STATE OF ORGON DEPARTMENT OF HUMAN RESOURCES ADULT & FAMILY SERVICES DIVISION

Ret. ADULT & FAMILY SERVICES DIVISI

Third Party Recovery Unit NOTICE OF LIEN POST Office Box 14150 NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division has rendered assistance to _ who sustained injuries on or about ______September 28, 1977 April Clagg, a minor in or near and the Adult and Family Services Division hereby asserts a lien to the extent provided in ORS 416.510 to 416.610, for the amount of such assistance upon any under a judgment, settlement or compromise from C. Eugene Mathias, M.D. and injuries and from any other person or public body, agency or commission liable alleged to have caused such for injury or obligated to compensate the injured person on account of such injuries -

Adult and Family Services Division Keith Putman, Administrator

By Bacho Estate Administration Unit Personal Injury Liens Program Liens Supervisor

STATE OF OREGON

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County of Marion)

Barbara J. Lange say: That I am the Personal Injury Liens Program Supervisor of the Estate ____, being first duly sworn on oath

Administration Unit, Adult and Family Services Division; that I have read the foregoing Notice of Lien and know the contents thereof and believe the same to

Barbaraf Subscribed and sworn to before me this 7th day of May

Notary Public for Oregon My Commission Expires:

7-28-85

AFS 636 (Rev. 2/82) STATE OF OREGON: COUNTY OF KLAMATH:ss I hereby certify that the within instrument was received and filed for record on the 10th day of May A.D., 1985 at 9:25 o'clock and duly recorded in Vol M85, of County Lien Docket on page on page 6961 Fee: 5.00

EVELYN BIEHN, COUNTY CLERK

Deputy