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

ADULT & FAMILY SERVICES DIVISION
Third Party Recovery Unit
Post Office Box 14150
Salem, Oregon 97309

NOTICE OF LIEN

NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division has rendered assistance to Lila J. Smith, who sustained injuries on or about August 2, 1984 and October 1, 1984, in or near Spokane, Washington, 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 amount due and owing the said Lila J. Smith under a judgment, settlement or compromise from Spokane Transit Authority, alleged to have caused such injuries and from any other person or public body, agency or commission liable for injury or obligated to compensate the injured person on account of such injuries.

Adult and Family Services Division
Keith Putman, Administrator

BY Barbara J. Lange
Third Party Recovery Unit
Personal Injury Liens Program
Supervisor

STATE OF OREGON)
County of Marion) ss.

I, Barbara J. Lange, being first duly sworn on oath say: That I am the Supervisor of the Personal Injury Liens Program, Adult and Family Services Division; that I have read the foregoing Notice of Lien and know the contents thereof and believe the same to be true.

Subscribed and sworn to before me this 9th day of December 1985.

Shirley M. Bueh
Notary Public for Oregon
My Commission Expires: 10-20-89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of _____ December _____ A.D., 19 85 at 10:25 o'clock A M., and duly recorded in Vol. M85 day
of _____ County Lien Docket _____ on Page 20179

FEE \$5.00

Evelyn Biehn, County Clerk
By Patricia Smith

DEC 12 AM 10 25