RCW 41.05A.050 Form of lien. The form of the lien in RCW 41.05A.070 must be substantially as follows:

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Health Care Authority, has rendered assistance to . . . . . ., a person who was injured on or about the . . . . day of . . . . . in the county of . . . . . state of . . . . . ., 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 . . . . . (name of injured person) from . . . . . ., 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, HEALTH
CARE AUTHORITY
By: . . . . . (Title)

STATE OF WASHINGTON }
} ss.
COUNTY OF }

I, ..., being first duly sworn, on oath state: That I am . . . . . (title); that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

. . . . . .

Signed and sworn to or affirmed before me this . . . . day of . . . . . ., ...

by . . . . . .
(name of person making statement).

(Seal or stamp)

. . . . . .
Notary Public in and for the State
of Washington
My appointment expires: . . . . . .

[2011 1st sp.s. c 15 § 92.]

Effective date—Findings—Intent—Report—Agency transfer—References to head of health care authority—Draft legislation—2011 1st sp.s. c 15: See notes following RCW 74.09.010.