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**BILL REQUEST - CODE REVISER'S OFFICE**

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BILL REQ. #: Z-0361.1/25

ATTY/TYPIST: KS:jlb

BRIEF DESCRIPTION: Concerning the requirement for the health care authority to notarize a lien prior to filing with a Washington county.

1 AN ACT Relating to reducing administrative burden through removal  
2 of the requirement for the health care authority to notarize a lien  
3 prior to filing with a Washington county; and amending RCW  
4 41.05A.050.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 **Sec. 1.** RCW 41.05A.050 and 2011 1st sp.s. c 15 s 92 are each  
7 amended to read as follows:

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

10 STATEMENT OF LIEN

11 Notice is hereby given that the State of Washington, Health Care  
12 Authority, has rendered assistance to . . . . ., a person who was  
13 injured on or about the . . . . . day of . . . . . in the county  
14 of . . . . . state of . . . . ., and the said authority hereby  
15 asserts a lien, to the extent provided in RCW 41.05A.070, for the  
16 amount of such assistance, upon any sum due and owing . . . . .  
17 (name of injured person) from . . . . ., alleged to have caused the  
18 injury, and/or his or her insurer and from any other person or  
19 insurer liable for the injury or obligated to compensate the injured  
20 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);))~~ declare under penalty of  
perjury under the laws of the state of Washington that I  
have read the foregoing Statement of Lien, know the  
contents thereof, and believe the same to be true.

.....  
(signature of health care authority  
representative)

.....  
(date)

~~((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: . . . . .))~~

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