## NOTICE OF LIEN

(Pursuant to Section 10+-b of the New York State 1 21al Services Law)

	Date December 09, 1992	
10:	L) GREENE COUNTY CLERK, and	
	Charles Lake, 5342 Maplecrest RD., P.O. Box 113, Maplecrest, NY 12454	
	(Injured Recipient) John P. Kingsley Attorney At Law, 329 Main Street, Catskill, New York 12414 Margolius & Kelly, Attorneys At Law, 7 Howard Street, Catskill, New York 12414	
	(Attorney for Injured Recipient, if known) UNDETERMINED	_
	(Person Allegedly Liable for Injuries)	_
	5) UNKNOWN	
	(Attorney for Each Party Named in Item 4, if known)  5) UNKNOWN	_
	(Insurance Company Insuring Each Party Named in Item 4, if known)	

SIRS:

PLEASE TAKE NOTICE, that CAROL W. WALLACE, as Commissioner of Social Services for the Greene County Department of Social Services, with offices at Catskill, New York, having furnished public assistance or care to a RECIPIENT whose name and address appear on Line 2 above, after said RECIPIENT sustained personal injuries, allegedly on or about April 06,

1992 Yew in Vermont

(Date of Accident)

(Place of Accident)

caused by the person, firm or corporation named on Line 4 above, and/or others,

DOES HEREBY CLAIM A LIEN in the sum of \$\frac{324.69}{24.69} for the amount of public assistance or care furnished on or since the occurrence of said injuries to such RECIPIENT upon any right of action, suit, claim, counterclaim, demand, settlement verdict, decision, decree, judgment, award or final order in any suit or proceeding in any court or administrative tribunal of this state, as well as the proceeds of any settlement thereof prior to suit or action, which such RECIPIENT may possess or be entitled to by reason of said injuries. The service and filing of this Notice of Lien, pursuant to SECTION 104-b, of the SOCIAL SERVICE LAW, does not affect the right of the Commissioner, if she has taken an assignment of the proceeds of such right of action, suit, claim, counterclaim or demand, to recover under such assignment the total amount of assistance for which such assignment was made.

PLEASE TAKE FURTHER NOTICE that the total cost of public assistance or care furnished to the said RECIPIENT on or from the occurrence of said injuries to date hereof, amounts to \$\frac{324.69}{}.

However, this lien shall not be deemed to be limited to that amount. It shall also include all public assistance granted after the date hereof, and upon receipt of notice of the final disposition of the RECIPIENT'S right of action, an amended Notice of Lien will be served upon you, setting forth the total amount of public assistance or care furnished to the said RECIPIENT since the date of the occurrence of said injuries. Disbursement should not be made prior to receipt of an amended Notice of Lien, or a written statement from the COMMISSIONER OF SOCIAL SERVICES to the effect that the amount set forth therein constitutes the total lien.

Yours truly,

Commissioner Department of Social Services of Greene County 465 Main Street Catskill, New York 12414

THE

STATE OF NEW YORK) 88.: COUNTY OF GREENE )

CAROL W. WALLACE, being duly sworn, deposes and says:

That she is the Commissioner of Social Services of Greene County, State of New York, the lienor mentioned in the foregoing Notice of Lien; that she has read the foregoing Notice of Lien and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to the matters alleged on information and belief and as to those matters, she believes it to be true.

CAROL W. WALLACE

Sworn to before me this que day of 10 e عو 19

Notary Public

FRANCES C. SCOTT Notary Public, State of New York Qualified in Greene County Commission Expires Feb. 3, 19 24