BK: 2020 PG: 4120

Recorded: 10/27/2020 at 11:30:31.0 AM

Pages 3

County Recording Fee: \$17.00

Iowa E-Filing Fee: \$3.00 Combined Fee: \$20.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

Notice of Medical Assistance (Medicaid or Title XIX) Lien

Grantor: Kristina A Whiteley **Grantee:** Iowa Total Care

Prepared By: Christopher R. Brown

P.O. Box 2000

LaGrange, KY 40031-9912

502-753-8208

Reference No,:107768494-crb2-L

Return To: The Rawlings Company

PO Box 2000

LaGrange, KY 40031







NOTICE OF MEDICA L ASSISTANCE (MEDICAID OR TITLE XIX) LIEN

(Iowa Code section 249A.54)

In favor of Iowa Total Care

IN THE DISTRICT COURT OF IOWA IN AND FOR Madison COUNTY

Iowa Total Care		<u>Case No. 107768494</u>	
Plaintiff(s)/Petitioner	(s)		
Vs.			
Kristina A Whiteley			
Defendants(s)/Respon	ndent(s)		
Respondent: Kristina A Whiteley		SID#;U2054180201IA00010001	
Member's Address:	122 LILLIANNA	A ST	
	PATTERSON, IA 50218		
County: Madison		Case#:	
Date of Less:06/02/2020		Current amount of lien*:\$706.25	
Name of Liable Third	l Party:Vetter Equ	ipment Company Inc	
Insurance Company:	Nationwide Mutua	d Insurance	
Member's Attorney:I	LaMarca Law Gro	up, PC	
Defendant's Attorney	**		

The Rawlings Company PO Box 2000 LaGrange, KY 40031

I certify under the penalty of perjury and pursuant to the laws of the State of Iowa (Iowa Code Sec. 622.1) that the preceding is true and correct. This lien applies only to the proceeds from a settlement or legal action relating to injuries sustained as a result of the trauma/accident identified above.

Prepared By:

Chth Bu

Return To: The Rawlings Company PO Box 2000

502-753-8208

LaGrange, KY 40031

Christopher R. Brown

The Rawlings Company on behalf of Iowa Total Care

PO Box 2000

LaGrange, KY 40031

Subrogation Recovery Analyst

P. 502-753-8208 E. CRB2@rawlingscompany.com

Subscribed and Sworn to Before me this

10-27-20

Notary Expiration Date

Signature of Notary Public

