ORM No._____

CERTIFICATE OF TORT CLAIM SETTLEMENT

TO THE MANAGER OF THE OFFICE OF RISK MANAGEMENT:

_____, of the _____ certifies as follows:

A claim based on the tortuous conduct of the state of Washington has been settled, pursuant to RCW 4.92.140, and should be paid pursuant to RCW 4.92.160.

Name of Claimants: _____

Date Claim Filed: _____

Occurrence Date: _____

Locations: _____

Total Settlement Amount: _____

Basis for Settlement & Comments/Closing: _____

_____

Payable To: _____

_____

DATED this _____ day of _____ 19_____.

_____
(Name)

_____
(Position/Designee)

_____
(Agency)

Approved by:

State Risk Manager

_____
Office of Risk Management

CHRISTINE GREGOIRE
Attorney General

_____
Assistant Attorney General