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RETURN:
Department of Social and Health Services
Medical Assistance Administration Casualty Unit
P.O. Box 45561 Olympia, WA 98504-5561
Fax: (360) 753-3077
1-800-894-3754 Ext: 51208

THIS LIEN DOES NOT AFFECT REAL PROPERTY

STATEMENT OF LIEN

Grantor/Debtor: KRISTINA GALLAGHER; ALLIED INSURANCE; Claim #988106259

Grantee/Creditor: DSHS and MARIA S GONZALEZ

Date of Injury: 10/17/2006

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance or provided residential care to MARIA S GONZALEZ, a person who was injured on or about the 17th day of October, 2006, in the County of Skagit, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 43.208.060, for the amount of such assistance or residential care, upon any sum due and owing MARIA S GONZALEZ from KRISTINA GALLAGHER; ALLIED INSURANCE; Claim #988106259, 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)

)ss.

COUNTY OF THURSTON )

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Cindy Brown, Medical Assistance Specialist

I, Cindy Brown, being first duly sworn on oath, state: That I am a Medical Assistance Specialist, that I have a read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Cindy Brown, Medical Assistance Specialist

SIGNED AND SWORN TO OR AFFIRMED before me this 14th day of December, 2006 by Cindy Brown.

NOTARY PUBLIC IN and for the State of Washington My appointment expires January 22, 2008

My appoint